

Evidence for change of
name shown on Film G117 MARYLAND STATE DEPARTMENT OF HEALTH
8/23/48 dm. Doctors Statement. 47a 06927

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County Balto.

City or town Cedar Beach
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

~~CLARENCE~~
~~CHARLES~~ A. ACTON

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Balto.

City or town Cedar Beach
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

4. Sex

male

5. Color or race

white

6. (a) Single, married, widowed, or divorced

married

6. (b) Name of husband or wife Myrtle League Acton

7. Birth date of
deceased (mo., day, yr.)

Jan. 12, 1895

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

53

6

18

hrs.

min.

9. Birthplace

Washington, D. C.

(Town, county, and state)

10. Usual occupation

Paper hanger

11. Industry or business

Samuel Bear

FATHER

12. Name

William W. Acton

13. Birthplace

Unknown

MOTHER

14. Maiden name

Ella Moore

15. Birthplace

Unknown

16. Informant

Mrs. Myrtle Acton

Address

Rt. 13, Box 323 B., Balto. 21, Md.

17.

(Burial, cremation, or removal. Which?)

Date thereof

8/3/48

(month) (day) (year)

Cemetery or crematory

Baltimore Cem.

Location

Balto., Md.

18. Funeral director

WILLIAM J. TICKNER & SONS

Address

Balto., Md.

19.

Aug 2 19 48
(Date rec'd by Registrar)

A. W. Hedrick
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 30, 19 48 at 11:55 p.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 19 48 to July 30 19 48
and that I last saw him alive on July 30 19 48

Immediate cause of death

Respiratory failure

DURATION

24 hrs.

Due to

Tracheal obstruction

1 week

Due to

Adenocarcinoma of
the larynx -

1 year

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Maxwell Edmund MD

M. D. or other

Address 477 1/2 Eastern Ave Date signed 7-31-48

MARGIN RESERVED FOR BINDING

VS A15

9-45-15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

EVIDENCE FOR CHANGE MARKLAND STATE DEPARTMENT OF HEALTH
OF BIRTHDATE AND AGE SHOWN ON N. Charles St., Baltimore
No. G 116 AUG 11 1948 CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:

County Baltimore
City or town Catonsville
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 1 yr., 8 mo.s 19 days
Hospital, institution, or street address where death occurred:
Spring Grove State Hospital
How long in hospital or institution? 1 yr. 8 mo.s, 19 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Baltimore
City or town 30
(If outside city or town limits, write RURAL and give nearest town)
Street No. 529 Washington Blvd.
(If rural, give LOCATION)
2.(a) If veteran, name war.

3. (a) FULL NAME

Veronica (Adomaitis) ADAMS

3. (b) Social Security Number

216-05-1603

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed

6.(b) Name of husband or wife Joseph Adomaitis
(deceased) 6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 1886 1891 1886

8. AGE: 61 Years Months 9 Days hrs. min.

9. Birthplace Lithuania
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Home

12. Name Joseph Paplauszka

13. Birthplace Lithuania

14. Maiden name Unknown

15. Birthplace Lithuania

16. Informant Hospital records

Address Catonsville, 28, Maryland

17. Burial Date thereof 7/31/48
(Burial, cremation, or removal, which) (month) (day) (year)

Cemetery or crematory St. Mary's Cemetery

Location Belair Road

18. Funeral director Charles W. Bachman

Address 703 Mc Henry St.

19. 7/30 19 48 D.W. Hedrick
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 28 19 48 at 3:40 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 9 19 46 to July 28 19 48

and that I last saw her alive on July 28 1948

Immediate cause of death Pneumonia, terminal

Left hemiplegia

Due to Multiple cerebral hemorrhages

Hypertensive C - V disease

Other conditions

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, pub'c place (where?)

Means of injury Injured at work?

23. SIGNATURE Isadore Tuerk, M.D. M. D. or other

Address Catonsville, 28, Md. Date signed 7/28/48

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

CHAS. W. KUCI - CITY

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians please write the causes of death clearly and legibly.

Bachauskas)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

131a

06929

Reg. Dist. No. 41

1. PLACE OF DEATH County <u>Balto.</u> City or town <u>Dundalk 22.</u> (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? <u>26 yrs</u> Hospital, institution, or street address where death occurred: <u>48 P. Dundalk ave</u> How long in hospital or institution?				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State <u>Md.</u> County <u>Balto</u> City or town <u>Dundalk 22</u> (If outside city or town limits, write RURAL and give nearest town) Street No. <u>48 P. Dundalk ave</u> (If rural, give LOCATION) 2. (a) If veteran, name war			
3. (a) FULL NAME <u>Thomas Bailey.</u>				3. (b) Social Security Number			
4. Sex <u>Male</u>		5. Color or race <u>White.</u>		6. (a) Single, married, widowed, or divorced <u>Widowed</u>			
6. (b) Name of husband or wife <u>Mary Elizabeth (deceased)</u>				6. (c) If alive, give age _____ years			
7. Birth date of deceased (mo., day, yr.) <u>Dec. 17/1872</u>				8. AGE: Years <u>75</u> Months <u>6</u> Days <u>24</u> hrs. _____ min.			
9. Birthplace <u>Balto City Md.</u> (Town, county, and state)				10. Usual occupation <u>Iron worker</u>			
11. Industry or business <u>Retired.</u>				12. Name <u>Thomas Bailey</u>			
13. Birthplace <u>England - Plymouth.</u>				14. Maiden name <u>Frances Ann Shaffer.</u>			
15. Birthplace <u>Baltimore Md.</u>				16. Informant <u>Mr. Sarah Jane Everett.</u>			
Address <u>48 P. Dundalk Ave.</u>				17. Burial <u>Burial</u> Date thereof <u>July 13, 1948</u> (Burial, cremation, or removal, Which?) (month) (day) (year) Cemetery or crematory <u>Baltimore</u> Location <u>East end of North Ave. Balto, Md.</u>			
18. Funeral director <u>Roland L. Fisher</u> Address <u>2112 Dundalk Ave.</u>				19. July 12 19 <u>48</u> <u>William M. Kelly Jr.</u> (Date rec'd by registrar) Registrar			
MEDICAL CERTIFICATION							
20. DATE OF DEATH <u>July 10, 1948</u> , at <u>3:05 P.</u>							
CERTIFY that death occurred on the date above stated; that I attended deceased from <u>Dec. 1942</u> to <u>July 7/48</u>							
and that I last saw him alive on <u>July 7/48</u>							
Immediate cause of death <u>Cardiovascular</u> <u>Renal Disease</u> <u>Hypertension</u> <u>Semi plegia Right</u>							
DURATION <u>6 yrs.</u>							
Other conditions							
(Include pregnancy within 3 months of death)							
Major findings of operations							
Autopsy results							
PHYSICIAN: Please underline the cause to which death should be charged statistically.							
22. VIOLENCE: If death was due to external causes, fill in the following:							
Accident, suicide, or homicide _____ Date of _____							
Where did injury occur? _____ (City or town) _____ (County) _____ (State)							
Injured at home, farm, industry, public place (where?) _____							
Means of injury _____ Injured at work? _____							
23. SIGNATURE <u>Wm. Carmine M.D.</u> M. D. or other _____							
Address <u>Dundalk Md.</u> Date signed <u>7/14/48.</u>							

RECEIVED

JUL 13 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITHOUT UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 06930 44

1. PLACE OF DEATH:

County BaltimoreCity or town Fort Howard, Maryland
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 35 days

Hospital, institution, or street address where death occurred:

Veterans Administration HospitalHow long in hospital or institution? 35 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland CountyCity or town Baltimore
(If outside city or town limits, write RURAL and give nearest town)Street No. 1226 W. Ward Street
(If rural, give LOCATION)2.(a) If veteran, name war WW I ✓

3. (a) FULL NAME

CHARLES E. BALLARD

3. (b) Social Security Number

Unknown

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

MaleWhiteDivorced6. (b) Name of husband or wife Divorced

7. Birth date of deceased (mo., day, yr.) 6. (c) If alive, give age years

May 20, 1895

8. AGE: Years Months Days If less than one day

53127hrs.min.9. Birthplace Baltimore, Md.
(Town, county, and state)10. Usual occupation Plumber

11. Industry or business

12. Name Charles Ballard13. Birthplace Maryland14. Maiden name Josephine Phillips15. Birthplace Maryland16. Informant Clinical Records, Vets. Adm. Hosp.Address Fort Howard, Maryland17. Removal Date thereof July 19, 1948
(Burial, cremation, or removal, Which?) (month) (day) (year)Arlington National Cemetery

Cemetery or crematory

Arlington, Virginia

Location

18. Funeral director Howard BlightAddress 4914 Belair Rd., Baltimore, Md.19. July 29 19 48 Dawson L. Fair
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 16 19 48 at 4:50 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 11 19 48 to July 16 19 48and that I last saw him July 16 19 48Immediate cause of death Carcinoma of OropharynxDURATION
8 mos.Due to Cachexia and malnutrition8 mos.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results Substantiated above

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE V. Sciullo M. D. or otherAddress VAH. Ft. Howard, Md. Date signed



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No. 06931

1. PLACE OF DEATH:

County BaltimoreCity or town Fort Howard
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 200 days

Hospital, institution, or street address where death occurred:

Veterans Administration HospitalHow long in hospital or institution? 200 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Anne ArundelCity or town Eastport
(If outside city or town limits, write RURAL and give nearest town)Street No. 532 - 6th Street
(If rural, give LOCATION)2(a) If veteran, name war Retired (WWII) ✓

3. (a) FULL NAME

HAMPTON WILLIAM BAXTER

3. (b) Social Security Number

4. Sex <u>Male</u>	5. Color or race <u>White</u>	6. (a) Single, married, widowed, or divorced <u>Married</u>
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6. (b) Name of husband or wife Clara R. Baxter7. Birth date of deceased (mo., day, yr.) November 23, 1903
6. (c) If alive, give age 37 years

8. AGE: Year <u>44</u>	Months <u>7</u>	Days <u>21</u>	If less than one dayhrs.min.
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9. Birthplace Keensburg, Illinois
(Town, county, and state)10. Usual occupation Deputy Sheriff

11. Industry or business

12. Name William Baxter13. Birthplace Oklahoma14. Maiden name Sarah Elizabeth Iditson15. Birthplace Belmont, Illinois16. Informant Clinical Records, Vet. Adm. Hosp.Address Fort Howard, Md.17. Burial Date thereof 7/19-48
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetary or crematory Baltimore NationalLocation Baltimore, Md.18. Funeral director John M. Taylor, SonAddress Annapolis, Md.19. July 15 1948 Wm. J. Smith Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 14 1948 8:45 A M21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
December 27 1947 to July 14 1948and that I last saw him alive on July 14 1948

Immediate cause of death	DURATION
<u>TUBERCULOSIS, PULMONARY, BILATERAL, FAR ADVANCED, ACTIVE</u>	<u>Unknown</u>

Due to

Due to

Other conditions BRONCHOPLEURAL FISTULA UnknownEMPHYEMA, TUBERCULOUS Unknown
(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

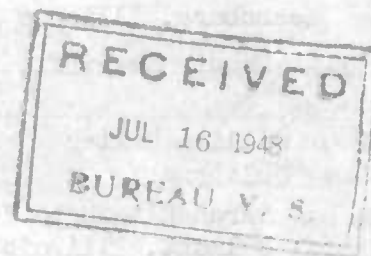
Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE H.C. ManaghH.C. MANAGH, M.D., CHIEF, PROFESSIONAL SERV.Address VAH, Fort Howard, Md. Date signed 7/14/48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No. 06932 43

1. PLACE OF DEATH:

County Baltimore
City or town Fullerton, Md.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 36 years
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Baltimore
City or town Fullerton, Md.
(If outside city or town limits, write RURAL and give nearest town)
Street No. 7503 Belair Rd.
(If rural, give LOCATION)
2. (a) If veteran, name war

3. (a) FULL NAME

ERNST BEHNCKEN

3. (b) Social Security Number

4. Sex male 5. Color or race white 6. (a) Single, married, widowed, or divorced married

6. (b) Name of husband or wife Marie U. Behncken

7. Birth date of deceased (mo., day, yr.) Dec. 12th, 1878 6. (c) If alive, give age..... years

8. AGE: Years 69 Months 7 Days 16 It less than one day..... hrs. min.

9. Birthplace Germany
(Town, county, and state)

10. Usual occupation Tavern Keeper

11. Industry or business

12. Name Unknown

13. Birthplace Unknown

14. Maiden name Unknown

15. Birthplace Unknown

16. Informant Mrs. Ernst Behncken

Address 7503 Belair Rd.

17. burial Date thereof 7/31/48
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Parkwood

Location Baltimore, Md.

18. Funeral director Lassahn Funeral Home

Address 7401 Belair Rd.

19. July 28 1948 Mrs. J. L. Reford
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 28th, 1948 at 9:20 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1940 to July 28 1948
and that I last saw him alive on July 27 1948

Immediate cause of death Coronary Occlusion DURATION 1 1/2 hrs.

Due to Ch. Myocarditis

Due to Ch. Prostatitis

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

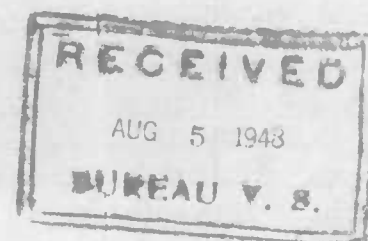
23. SIGNATURE J. S. Harding MD M. D. or other

Address 345 Belair Rd Date signed July 29/48

MARGIN RESERVED FOR BINDING

VS A75 9-45-10

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Incomplete age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for change of age shown on

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

FILM No. G 116 JUL 30 1948 CERTIFICATE OF DEATH

Reg. Dist. No. 9

06933

1. PLACE OF DEATH:

County Baltimore
City or town Tinner's Star Bay Village
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

139 Linden Court

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County Baltimore
City or town Tinner's Star Bay Village
(If outside city or town limits, write RURAL and give nearest town)

Street No. 139 Linden Court
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Mrs. Armea Taylor Bellamy

4. Sex

Female Colored Widow

5. Color or race

6.(a) Single, married, widowed, or divorced

6.(b) Name of husband or wife

7. Birth date of

deceased (mo., day, yr.)

Dec 15, 1874

6.(c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

70 68

hrs. min.

9. Birthplace

M. C.

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

FATHER

12. Name

Washington Taylor

13. Birthplace

M. C.

MOTHER

14. Maiden name

Elizabeth Taylor

15. Birthplace

M. C.

16. Informant

Mr. J. R. Gwaltney

Address

139 Linden Court

17.

(Burial, cremation, or removal. Which?)

Date thereof

7-25-48

Cemetery or crematory

Mt. Calvary Cem

Location

A. A. Co., Maryland

18. Funeral director

Mrs. Frances A. Henshaw

Address

578 W. Biddle St.

19.

(Date rec'd by registrar)

19.

48

A. W. Haddock

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 21, 1948 at 5:00 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 18, 1948 to July 21, 1948 and that I last saw him alive on July 21, 1948

Immediate cause of death

Pneumonia

DURATION

3 days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

William G. Hook, M.D.

M. D. or other

Address 140 Oak Ave

Date signed 7-21-48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

St. Andrews

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

93d

3 copies
06934

Reg. Dist. No. 30

1. PLACE OF DEATH:

County.....Baltimore
 City or town.....Catonsville
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 7 years, 11 months, 21 days
 Hospital, institution, or street address where death occurred:
 Spring Grove State Hospital
 How long in hospital or institution? 7 years, 11 months, 21 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....Maryland County.....
 City or town.....Baltimore
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 806 North Castle Street
 (If rural, give LOCATION)
 2.(a) If veteran, name war..... ✓

3. (a) FULL NAME

Anthony Bognanni

3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife Marie Bognanni

7. Birth date of

deceased (mo., day, yr.)

April 25, 1880

6. (c) If alive, give age..... unknown years

8. AGE:

Years

Months

Days

If less than one day

68

2

14

hrs.

min.

9. Birthplace

Italy

(Town, county, and state)

10. Usual occupation

Laborer

11. Industry or business

Construction

FATHER

12. Name Michael Bognanni

13. Birthplace

Italy

MOTHER

14. Maiden name Mary (unknown)

15. Birthplace

Italy

16. Informant

Hospital records

Address Catonsville, 28, Md.

17.

(Burial, cremation, or removal, etc.)

Date thereof

July 13/48
(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19.

(Date rec'd by registrar)

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MEDICAL CERTIFICATION

20. DATE OF DEATH July 9, 1948 19..... 26:05 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 30, 1940 19..... to July 9, 1948 19.....

and that I last saw h..... alive on July 9, 1948 19.....

Immediate cause of death Bronchopneumonia

left base

DURATION

24 hours

Due to Arteriosclerotic heart disease

Indefinite

Due to Generalized arteriosclerosis

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Isadore Tuerk, M. D.

M. D. or other

Address Catonsville, 28, Maryland Date signed 7/9/48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 42

06935

1. PLACE OF DEATH:

County Baltimore
 City or town Arbutus
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 6 years
 Hospital, institution, or street address where death occurred:
111 Waelchli Ave
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Baltimore
 City or town Arbutus
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 111 Waelchli Ave
 (If rural, give LOCATION)
 2. (a) If veteran, name war

3. (a) FULL NAME

William Warner Brenner

3. (b) Social Security Number

unknown

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

married

6. (b) Name of husband or wife

Evelyn Brenner

7. Birth date of deceased (mo., day, yr.)

Oct 8, 1910

6. (c) If alive, give age

37 years

8. AGE:

Years

Months

Days

If less than one day

37822

hrs.

min.

9. Birthplace

Baltimore, Maryland
(Town, county, and state)

10. Usual occupation

Foreman

11. Industry or business

ElectricityFATHER
MOTHER

12. Name

John Brenner

13. Birthplace

Baltimore, Md.

14. Maiden name

Margaret Wolfely

15. Birthplace

Baltimore, Maryland

16. Informant

Wife - Evelyn Brenner

Address

111 Waelchli Ave

17.

Inter Burial
(Burial, cremation, or removal, which?)

Date thereof

7/6/48
(month) (day) (year)

Cemetery or crematory

London Park

Location

Fredrick Road

18. Funeral director

Felly & Zelly Inc

Address

403 S. State St.

19.

7/6
(Date rec'd by registrar)

19.

KS
D-W K. K. K. K.
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 2 19 48 at 4 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 1 19 48 to July 2 19 48and that I last saw him alive on July 2 19 48

Immediate cause of death

Coronary occlusion

DURATION

1 day

Due to

Coronary heart disease6 months

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

William Goodman M.D.

M. D. or other

Address 1334 Lopham Spring Rd Date signed 2 July 48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No.

06936

44

1. PLACE OF DEATH:

County BaltimoreCity or town Fort Howard
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 102 Days

Hospital, institution, or street address where death occurred:

Vets. Adm. Hospital, Ft. Howard, MarylandHow long in hospital or institution? 102 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County a.a.City or town Edgewater
(If outside city or town limits, write RURAL and give nearest town)Street No. none
(If rural, give LOCATION)2. (a) If veteran, name war VW I

3. (a) FULL NAME

JOHN E. BULL

3. (b) Social Security Number

213-22-1786

4. Sex <u>Male</u>	5. Color or race <u>White</u>	6. (a) Single, married, widowed, or divorced <u>Married</u>
-----------------------	----------------------------------	--

6. (b) Name of ~~deceased's~~ wife Elizabeth7. Birth date of deceased (mo., day, yr.) 6-21-1889
6. (c) If alive, give age 53 years

8. AGE:	Years	Months	Days	If less than one day
	<u>59</u>	<u>0</u>	<u>29</u>hrs.min.

9. Birthplace Shadyside, Maryland
(Town, county, and state)10. Usual occupation Unemployed

11. Industry or business

12. Name John Bull13. Birthplace Philadelphia, Pa.14. Maiden name Margaret Pophan15. Birthplace Shadyside, Maryland16. Informant Clinical Records, Vets. Adm. Hosp.Address Fort Howard, Maryland17. Burial Date thereof July 23, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Mayo Memorial CemeteryLocation Mayo A.A. Co. Maryland18. Funeral director Ben L Hopping and SonAddress 170-172 West St Annapolis, Md.19. July 21 19 48 Wm. J. French
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 20, 1948 9:15 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 9, 1948 to July 20, 1948 and that I last saw him alive on July 20, 1948Immediate cause of death SPINAL CORD PRESSURE;
CEREBRAL EDEMA. DURATION 2 wks.Due to Tumor of upper Thoracic Vertebrae Unknown

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations..... Date of op.

Autopsy results Substantiated Above

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: if death was due to external causes, fill in the following:

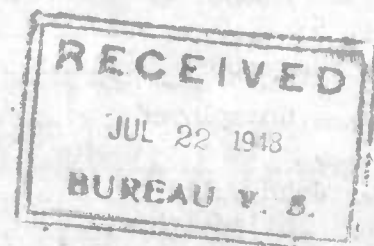
Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE B. L. Hopping M. D. or otherAddress VAH Ft. Howard, Md. Date signed 7-20-48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. X4

1. PLACE OF DEATH:

County Baltimore
 City or town Fort Howard
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 341 days
 Hospital, institution, or street address where death occurred:
Veterans Administration Hospital
 How long in hospital or institution? 341 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County _____
 City or town Baltimore
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 5013 Beauregard Avenue
 (If rural, give LOCATION)
 2.(a) If veteran, name war WW I ✓

3. (a) FULL NAME

JOSEPH BURLEY

3. (b) Social Security Number

Unknown

4. Sex Male 5. Color or race Colored 6.(a) Single, married, widowed, or divorced Single
 6.(b) Name of husband or wife _____
 6.(c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) March 17, 1895
 8. AGE: Years 53 Months 4 Days 13 If less than one day _____ hrs. _____ min.

9. Birthplace Anne Arundel County, Md.
 (town, county, and state)
 10. Usual occupation Huckster
 11. Industry or business _____
 12. Name Joseph Burley
 13. Birthplace Maryland
 14. Maiden name Rachel Hinson
 15. Birthplace Maryland

16. Informant Clinical Records, Vet. Adm. Hosp.
 Address Fort Howard, Md.
 17. Burial Date thereof 8/1/48
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Mt. Calvary
 Location Baltimore, Md.
 18. Funeral director Charles R. Law
 Address 802 Madison Ave., Baltimore, Md.
 19. 7-31 48 R. Law
 (Date rec'd by registrar) Registrars

MEDICAL CERTIFICATION

20. DATE OF DEATH July 30 19 48 at 10:50 AM
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 24 19 47 to July 30 19 48
 and that I last saw him alive on July 30 19 48

Immediate cause of death HYPERTENSIVE CARDIOVASCULAR DISEASE DURATION Unknown

Due to Arteriosclerosis Unknown

Due to _____
 Other conditions 1. Residuals left Hemiplegia 2. Syphilis, late latent Unknown
 (Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results None
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work? _____

23. SIGNATURE [Signature] M. D. or other _____
 Address VAH Fort Howard, Md. Date signed 7-30-48

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

06938

Reg. Dist. No. 30

1. PLACE OF DEATH:

County Balto
City or town Catonsville
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
Funerest Home
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Md County
City or town Baltimore
(If outside city or town limits, write RURAL and give nearest town)
Street No. 3714 Sequoia Ave
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME

ELIZABETH ORION BURNETT

3. (b) Social Security Number

4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced WIDOWED

6. (b) Name of husband or wife JOS. P. BURNETTE

7. Birth date of deceased (mo., day, yr.) Mar. 3, 1863

8. AGE: Years 85 Months 4 Days 18 If less than one day hrs. min.

8. Birthplace Balto.
(Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name James H. W. Orion

13. Birthplace Balto

14. Maiden name Catherine Rebecca Murphy

15. Birthplace Balto. Md.

16. Informant Mrs. Lyssell Snyder

Address 3714 Sequoia Ave

17. Burial (Burial, cremation, or removal, which?) Burial Date thereof 7/24/48 (month) (day) (year)

Cemetery or crematory Lorraine

Location Balto Co. Md.

18. Funeral director John J. Trickett & Sons

Address Balto, Md.

19. July 22 1948 Arld. Helusi

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH 7/21 1948 at 9 40 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw h. alive on 7-20-48

Immediate cause of death myocarditis

Due to hypertension

Due to arteriosclerosis

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

PHYSICIAN: Please underline the cause to which death should be charged statistically.

VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Causes of injury Injured at work?

23. SIGNATURE W. S. R. F. L. M. D. or other

Address 202. Portm 81 Date signed 7/22/48

MARGIN RESERVED FOR BINDING

I

VS A15 9-45-15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1318

06939
37

Reg. Diat. No.

1. PLACE OF DEATH:

County..... Balto.
 City or town..... Cockeysville
 (If outside city or town limits write RURAL and give nearest town)
 How long in above place of death?..... 20 yrs -
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Ind County..... Balto.
 City or town..... Cockeysville
 (If outside city or town limits write RURAL and give nearest town)
 Street No.....
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

Robert Neal Calvert.

3. (b) Social Security Number

4. Sex..... Male 5. Color or race..... white 6.(a) Single, married, widowed, or divorced..... Widowed
 6.(b) Name of husband or wife..... Florence (nee Cowther)
 7. Birth date of deceased (mo., day, yr.)..... Nov. 23 1868 6.(c) If alive, give age..... years
 8. AGE: Years..... 79 Months..... 8 Days..... 4 If less than one day..... hrs. min.

9. Birthplace..... Anne Arundel Co. Md.
 (Town, county, and state)
 10. Usual occupation..... Carpenter.

11. Industry or business

FATHER 12. Name..... John Calvert.
 13. Birthplace..... Balto. Md.
 MOTHER 14. Maiden name..... Anne E. Chard.
 15. Birthplace..... Anne Arundel Co. Md.

16. Informant..... Rachael V. Calvert.
 Address..... Cockeysville Ind.

17. Burial..... Burial Date thereof..... July 22, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory..... Jordan Park Cem.
 Location..... Balto. Md.

18. Funeral director..... Lander in Burials
 Address..... Sparkes, Md.

19. 7-19- 48 Wilmer C. Ensor
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... July 19 1948, at 8 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Sept 10 - 1944 to July 19 1948
 and that I last saw him alive on July 18 1948

Immediate cause of death.....
Chronic nephritis
(aloid in coma).

DURATION

4 yrs.

Due to.....

Due to.....

Other conditions..... (Parkinson Disease)3 yrs.

(Include pregnancy within 3 months of death)

Major findings of operations.....

Prostatectomy - Date of op. 1938

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE..... Wilmer C. Ensor M.D.Address..... Cockeysville Md. Date signed..... 7/19/48

RECEIVED

JUL 20 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

06940

1. PLACE OF DEATH:

County Baltimore
 City or town Anneslie
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?
 Hospital, institution, or street address where death occurred:
Armcast Nursing Home, Regester Ave.
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County none
 City or town Baltimore
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 1001 St. Paul St.
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3.(a) FULL NAME

James M. Campbell

3.(b) Social Security Number

4. Sex male 5. Color or race white 6.(a) Single, married, widowed, or divorced widowed
 6.(b) Name of husband or wife Louisa Campbell
 6.(c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) July 5, 1868
 8. AGE: Years 80 Months 000 Days 25 If less than one day _____ hrs. _____ min.

9. Birthplace Canada
 (Town, county, and state)
 10. Usual occupation Advertising agent -- retired
 11. Industry or business
 12. Name ?
 13. Birthplace ?
 14. Maiden name ?
 15. Birthplace

16. Informant Laurence B. Meacham
 Address Brooklandville, Md.

17. cremation Date thereof August 2, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Exclusively at crematory Loudon Park
 Location 3801 Frederick Ave., Baltimore
 18. Funeral director John O. Mitchell Sons
 Address 1900 Eutaw Place, Balto. 17, Md.

19. 7/2 19 48 Awkredich
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 30, 1948 at 11.47 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 7/30/48 1948 to 7/30/48 1948
 and that I last saw him alive on 7/30/48 1948

Immediate cause of death myocardial insufficiency -
chronic pneumonia -
 Due to Seizure

Other conditions Seizure
 (Include pregnancy within 3 months of death)
 Major findings of operations _____
 Date of op. _____

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work? _____

23. SIGNATURE H. Wm. Pineda
 Address Emersonian Apts., Balto. Date signed 7/31/48
Primakoff

DURATION
7 days
7 days

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for change of
age shown on:

REG. No. G 116 JUL 16 1948

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

06941

44

1. PLACE OF DEATH:
County Balto.
City or town Sparrows Point
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
Machine Shop.
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State MD. County Balto.
City or town Baltimore
(If outside city or town limits, write RURAL and give nearest town)
Street No. 24 N. Pearl St.
(If rural, give LOCATION)
2.(a) If veteran, name war ☒

3. (a) FULL NAME Robert Cecil

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
6. (b) Name of husband or wife Eva

7. Birth date of deceased (mo., day, yr.) July 22-1922 8. (c) If alive, give age _____ years

8. AGE: Years 25 Months 26 Days 11 If less than one day _____ hrs. _____ min.

9. Birthplace Dublin, Va.
(Town, county, and state)

10. Usual occupation Painter

11. Industry or business

12. Name Emory Cecil Co.

13. Birthplace Montgomery Co. Va.

14. Maiden name Ladie Anderson

15. Birthplace Culosh, Va.

16. Informant Mrs. Emory Cecil

Address 24 N. Pearl St.

17. Burial Date thereof 7/4/48
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Culosh, Va.

Location William C. H. Inc.

18. Funeral director 1214 N. Pearl St.

Address

19. July 4-48 Sawyer L. Parker
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 3 1948 at 9:55 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____ 19____ to _____ 19____

and that I last saw him _____ alive on _____ 19____

Immediate cause of death _____ DURATION _____

Trauma skull

crushed ribs left side

internal injuries

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, Accident Date of July 3/48

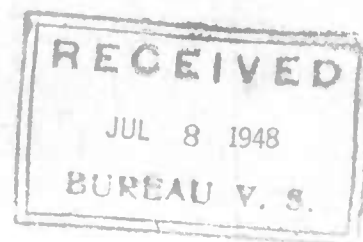
Where did injury occur Sparrows Pt. Balto. Md.
(City or town) (County) (State)

Injured at home, farm, industry, job's place (where?) Industry

Means of injury Fall from roof Injured at work? yes

23. SIGNATURE Wm. C. H. Inc.
Deputy Medical Examiner

Address Balto. Co. Maryland Date signed July 3/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

130

06942

Reg. Dist. No. 44

1. PLACE OF DEATH:

County BaltimoreCity or town Fort Howard
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 34 Days

Hospital, institution, or street address where death occurred:

Vets. Adm. Hospital, Ft. Howard, Md.How long in hospital or institution? 34 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland CountyCity or town Baltimore
(If outside city or town limits, write RURAL and give nearest town)Street No. 2611 Pierpont Street
(If rural, give LOCATION)2. (a) If veteran, name war WW-2

3. (a) FULL NAME

WILLIAM H. CHRISTIAN

3. (b) Social Security Number

Unknown

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

MaleColoredMarried6. (b) Name of ~~husband~~ wife Roberta Christian7. Birth date of deceased (mo., day, yr.) 10-10-19176. (c) If alive, give age 30 years8. AGE: Years Months Days If less than one day
30 9 11 hrs. min.9. Birthplace Baltimore, Maryland
(Town, county, and state)10. Usual occupation Screen Mender

11. Industry or business

12. Name William Christian13. Birthplace Virginia14. Maiden name Ardela Chin15. Birthplace North Carolina16. Informant Clinical Records, Vets. Adm. H. sp.Address Fort Howard, Md.17. Burial Date thereof 7/26/48

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Baltimore National CemeteryLocation Baltimore, Maryland18. Funeral director Charles R. LawAddress 802 Madison Ave., Balto., Md.19. July 22 19 48 at Ft. Howard

Date rec'd by registrar Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 21, 1948 at 3:05 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 17, 1948 to July 21, 1948and that I last saw him alive on July 21, 1948Immediate cause of death Subacute NephritisDue to UnknownDue to UnknownDue to NoneOther conditions None

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results Substantiated above

PHYSICIAN: Please underline the cause to which death should be charged statistically,

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Raymond Lipin

RAYMOND LIPIN, M.D. M. D. or other

Address V.A.H. Ft. Howard, Md. Date signed

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

06943

Reg. Dist. No. 33

1. PLACE OF DEATH:

County Balto.City or town Reisterstown
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 27 yrs.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Balto.City or town Reisterstown
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Ralph C. Clark

3. (b) Social Security Number

4. Sex <u>Male</u>	5. Color or race <u>White</u>	6. (a) Single, married, widowed, or divorced <u>Single</u>
-----------------------	----------------------------------	---

6. (b) Name of husband or wife _____

7. Birth date of deceased (mo., day, yr.) June 29, 19198. AGE: Years 29 Months _____ Days 7 If less than one day _____ hrs. _____ min.9. Birthplace Baltimore City
(Town, county, and state)10. Usual occupation None

11. Industry or business _____

12. Name Harrison A. Clark13. Birthplace Howard Co.14. Maiden name Nellie M. Durham15. Birthplace Balto. Co.16. Informant Mrs. Nellie M. ClarkAddress Reisterstown, Md.17. Burial Date thereof July 8, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Druid RidgeLocation Balto. Co.18. Funeral director J. F. Eline & SonsAddress Reisterstown, Md.19. 7-7- 19 48 Mary B. Eline
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 6 19 48 at 11 A. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 7-4-48 19 48 to 7-6-48 19 48and that I last saw h.f. alive on July 6 19 48

Immediate cause of death _____ DURATION _____

Due to Heart failureDue to MyocarditisDue to Free mindness

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

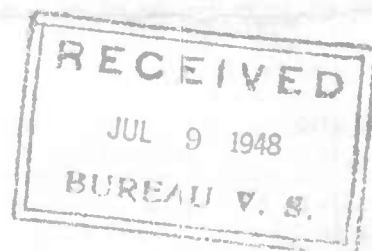
Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Y. W. H. Landon M.D. M. D. or other _____Address Reisterstown Date signed 7-7-48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 33

1. PLACE OF DEATH:

County Balto.City or town Near Glyndon
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 6 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Balto.City or town Near Glyndon
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Julia K. Colt

3. (b) Social Security Number

None

4. Sex

Female

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Married6.(b) Name of husband or wife Henry V. Colt7. Birth date of deceased (mo., day, yr.) April 1, 1878

6.(c) If alive, give age _____ years

8. AGE: Years 70 Months 3 Days 13 hrs. _____ min.9. Birthplace St. Louis Mo.
(Town, county, and state)10. Usual occupation Housewife

11. Industry or business

12. Name John Whittaker13. Birthplace Ireland14. Maiden name Violet Kennett15. Birthplace St. Louis Mo.16. Informant Henry V. ColtAddress Glyndon, Md.17. Burial Date thereof July 17, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory St. John'sLocation Balto. Co.18. Funeral director J.F. Eline & SonsAddress Reisterstown, Md.19. 7-16- 1948 Mary B Eline
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 14 19 48 at 11:30 P. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 10-5 19 45 to 7-14 19 48and that I last saw her alive on 7-14 19 48Immediate cause of death Bundle Branch Block DURATION 9 mo.Due to arteriosclerotic C-V. Disease DURATION 2 yrs

Due to _____ DURATION _____

Other conditions Angina Pectoris 6 mos
Atrial Fibrillation 8 mos
(Include pregnancy within 3 months of death)Major findings of operations None Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE D. D. Caples, M.D. M. D. or otherAddress Reisterstown, Md. Date signed 7-16-48

MARGIN RESERVED FOR BINDING

VS A15

9-45-15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUL 21 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. XX

06945

1. PLACE OF DEATH:

County BaltimoreCity or town Fort Howard, Maryland
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 31 days

Hospital, institution, or street address where death occurred:

VAH. Fort Howard, Md.How long in hospital or institution? 31 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County _____City or town Baltimore (24)
(If outside city or town limits, write RURAL and give nearest town)Street No. 413 N. Port Street
(If rural, give LOCATION)2.(a) If veteran, name war WW I ✓

3. (a) FULL NAME

CONNELLY, James L Sr.

3. (b) Social Security Number

Unknown

4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced

MaleWhiteWidowed

6.(b) Name of husband or wife _____

7. Birth date of deceased (mo., day, yr.) _____

November 7, 1895

8. AGE: Years Months Days If less than one day

5283

_____ hrs. _____ min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)10. Usual occupation Clerical

11. Industry or business _____

12. Name Patrick Connelly13. Birthplace Ireland14. Maiden name Catherine McDonough15. Birthplace Ireland16. Informant Clinical Records, Vets. Adm. Hosp.Address Fort Howard, Maryland17. Burial Date thereof 7-14-48
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Oaklawn CemeteryLocation Eastern Avenue, Baltimore, Md.18. Funeral director Lilly & Zeiler, Inc.Address 403 S. Wolfe St., Baltimore, Md.19. 7/13 19 48 AW Hedrick
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 10 19 48 at 11:25 P.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 9 19 48 to July 10 19 48and that I last saw him alive on July 10 19 48Immediate cause of death ACUTE CARDIORESPIRATORY FAILURE

DURATION

Unknown

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations Rt. pneumonectomy for a CA of right lung Date of op. 7/9/48Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE George E. SniderGEORGE E. SNIDER, M.D. M. D. or otherAddress VAH, Ft. Howard, Md. Date signed 7/11/48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

06946

Reg. Dist. No. 42

1. PLACE OF DEATH:

County Baltimore
 City or town OAKLEY
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Baltimore
 City or town Oakley
 (If outside city or town limits, write RURAL and give nearest town)

Street No. 1006 Leeds ave.

(If rural, give LOCATION)

2. (a) If veteran, name war Spanish American

3. (a) FULL NAME

JOSEPH FRANCIS COONEY

3. (b) Social Security Number

NONE

4. Sex

Male

5. Color or race

white

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife Catherine Mayer Cooney6. (c) If alive, give age 64 years7. Birth date of deceased (mo., day, yr.) Dec. 3, 1880

8. AGE: Years 67 Months 7 Days 28 If less than one day
 hrs. min.

9. Birthplace Baltimore, Maryland

(Town, county, and state)

10. Usual occupation Retired B. & O. General11. Industry or business Electrician

12. Name Thomas Cooney
 13. Birthplace Baltimore, Md.

14. Maiden name Jane McDonald
 15. Birthplace Ireland

16. Informant Mrs. Catherine E. Cooney
 Address 1006 Leeds ave.

17. Burial 8/4/48
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Baltimore National

18. Funeral director Chas. G. Evans & Son, Inc.
 Address 118 N. Mt. Royal Ave.

19. Aug 2 1948
 (Date rec'd by registrar) Registrar G. Keiffer

MEDICAL CERTIFICATION

20. DATE OF DEATH July 31, 1948 at 4P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 27 1948 to July 31 1948
 and that I last saw him July 31 1948 alive on

Immediate cause of death

DURATION

Acute Cardiac failure 3 day
 Due to Cardiovascular disease 1 yr

Due to

Due to Cardiovascular disease 1 yr
 Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

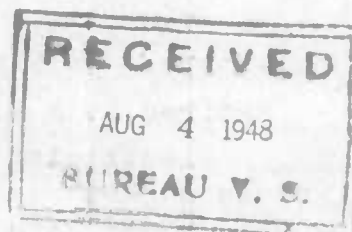
Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE G. Keiffer M. D. or other

Address 1010 Leeds Ave. Date signed 8-2-48

Dr. Geo. S. M. Kieffer
1010 Leeds ave.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

06947

Reg. Dist. No. 30

1. PLACE OF DEATH:

County Baltimore
 City or town Catonsville
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 27 years, 2 months, 14 days
 Hospital, institution, or street address where death occurred:
Spring Grove State Hospital
 How long in hospital or institution? 27 years, 2 months, 14 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County St. Mary's
 City or town ?
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2(a) If veteran, name war _____

3. (a) FULL NAME

Theodosia B. Cox

3. (b) Social Security Number

4. Sex female 5. Color or race white 6. (a) Single, married, widowed, or divorced widowed

6. (b) Name of husband or wife ?

7. Birth date of deceased (mo., day, yr.) May 30, 1886 8. (c) If alive, give age _____ years

8. AGE: Years 62 Months 2 Days 1 If less than one day _____ hrs. _____ min.

9. Birthplace Maryland
 (Town, county, and state)

10. Usual occupation Housekeeper11. Industry or business Home12. Name John Burroughs13. Birthplace Maryland14. Maiden name Ida Blackstone15. Birthplace Maryland16. Informant Hospital recordsAddress Catonsville-28, Maryland17. Buried Date thereof 8-20-48

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Spring Grove State HospitalLocation Catonsville 28, Maryland18. Funeral director Spring Grove State HospitalAddress Catonsville 28, Maryland19. 8-20 19 48 V.E. Harry

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 31 19 48 at 6:10 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 17 19 21 to July 31 19 48and that I last saw her alive on July 31 19 48Immediate cause of death Pulmonary oedema DURATION 6 hoursDue to Hypertensive cardiovascular-renal disease indefiniteDue to Carcinoma of cervix, post-radiation n

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results as above

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

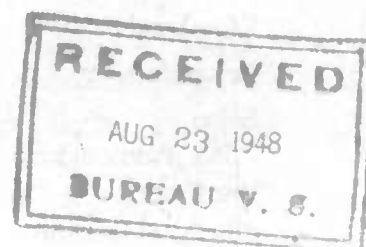
Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Isadore Tuerk, M.D. M. D. or other _____Address Catonsville-28, Md. Date signed 8-13-48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: County..... <u>Baltimore,</u> City or town..... <u>Catonsville,</u> (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?..... <u>3 months,</u> Hospital, institution, or street address where death occurred: <u>323 Harlem Lane.</u> How long in hospital or institution?.....				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State..... <u>Md.</u> County..... <u>Baltimore,</u> City or town..... <u>Catonsville,</u> (If outside city or town limits, write RURAL and give nearest town) Street No..... <u>323 Harlem Lane.</u> (If rural, give LOCATION) 2.(a) If veteran, name war.....			
3. (a) FULL NAME <u>Robert Joseph Cremen,</u>				3. (b) Social Security Number <u>none</u>			
4. Sex <u>male</u>		5. Color or race <u>white</u>		6. (a) Single, married, widowed, or divorced <u>married</u>			
6. (b) Name of husband or wife <u>Anna O'Neill Cremen,</u>				6. (c) If alive, give age years			
7. Birth date of deceased (mo., day, yr.) <u>ABOUT-Dec. 31, 1876.</u>				8. AGE: Years..... Months..... Days..... If less than one day..... hrs. min.			
9. Birthplace <u>Baltimore, Md.</u> (Town, county, and state)				10. Usual occupation <u>Contractor,</u>			
11. Industry or business <u>Paving</u>				12. Name <u>Robert J. Cremen,</u>			
13. Birthplace <u>Ireland,</u>				14. Maiden name <u>Margaret Wall,</u>			
15. Birthplace <u>Ireland.</u>				16. Informant <u>Mrs. Anna O'Neill Cremen,</u> Address <u>323 Harlem Lane, Catonsville, Md.</u>			
17. Burial (Burial, cremation, or removal, Which?) Date thereof <u>July 8, 1948</u> (month) (day) (year) Cemetery or crematory..... <u>Druid Ridge Cem.</u> Location..... <u>Pikesville, Baltimore Co. Md.</u>				18. Funeral director <u>G. Vernon Lemmon</u> Address <u>4611 Park Heights, Balto. Md.</u>			
19. <u>July 7, 1948</u> (Date rec'd by Registrar)				20. DATE OF DEATH <u>July 5, 1948</u> 19..... at <u>3.</u> P. M.			
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from <u>Oct 27</u> 19 <u>47</u> to <u>July 5</u> 19 <u>48</u> and that I last saw him alive on <u>July 5</u> 19 <u>48</u>				22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide..... Date of..... Where did injury occur?..... (City or town)..... (County)..... (State)..... Injured at home, farm, industry, public place (where?)..... Means of injury..... Injured at work?.....			
23. SIGNATURE <u>William K. Gallagher, M.D.</u> Address <u>6209 Frederick Ave.</u> Date signed.....				IMMEDIATE CAUSE OF DEATH <u>Subacute Ca of Brain</u> Due to <u>Ca of Lip</u> Due to..... Other conditions <u>Osteo-arthritis</u> (Include pregnancy within 3 months of death) Major findings of operations..... Date of op..... Autopsy results..... PHYSICIAN: Please underline the cause to which death should be charged statistically.			
24. SIGNATURE <u>A. W. Hedrick</u> Address..... Date signed.....				25. SIGNATURE <u>A. W. Hedrick</u> Address..... Date signed.....			

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No. 40

1. PLACE OF DEATH:

County Baltimore
 City or town Hotel Cliff near Towson
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Religious inst.
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Baltimore
 City or town Hotel Cliff near Towson
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

St. Mary Agnezka Danilchka

3. (b) Social Security Number

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Female White Single

6. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 10, 1869

8. AGE: Years Months Days If less than one day
79 2 9 hrs. min.

9. Birthplace Czechoslovakia
(Town, county, and state)10. Usual occupation Teacher

11. Industry or business

12. Name Wladimir13. Birthplace Czechoslovakia14. Maiden name Mary Wite15. Birthplace Czechoslovakia16. Informant St. Mary ClaraAddress Hotel Cliff17. Burial (Burial, cremation, or removal. Which?) Burial Date thereof July 9, 1948
(month) (day) (year)Cemetery or crematory St. John'sLocation Green Arm18. Funeral director St. Martin'sAddress 811 N. Wolfe St.19. (Date rec'd by registrar) 7/19/48 Registrar Wm. H. H. H.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 9, 1948 at 9:15 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 12, 1948 to July 19, 1948and that I last saw her alive on July 14, 1948Immediate cause of death Myocardial decompensation

DURATION

2 mo.

Due to

Due to

Other conditions Arterio-sclerosis and Hypertension

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE John H. H.

M. D. or other

Address Date signed

RECEIVED

AUG 3 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

93d

06950

Reg. Dist. No.

1. PLACE OF DEATH:
County..... Balto.
City or town..... Ridgeland
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?.....
Hospital, institution, or street address where death occurred:
1015 Beechfield Ave.
How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State..... Md. County..... Balto.
City or town..... Ridgeland
(If outside city or town limits, write RURAL and give nearest town)
Street No..... 1015 Beechfield Ave.
(If rural, give LOCATION)
2.(a) If veteran, name war.....

3. (a) FULL NAME
JOHN G. DARROCH

3. (b) Social Security Number

4. Sex male 5. Color or race white 6.(a) Single, married, widowed, or divorced widowed
6.(b) Name of husband or wife..... Ida B. Darroch
nee Garing 6.(c) If alive, give age..... years
7. Birth date of deceased (mo., day, yr.) Oct. 31, 1870
8. AGE: Years 77 Months 9 Days 0 If less than one day
..... hrs. min.

9. Birthplace..... Hoosic Falls, N. Y.
(Town, county, and state)
10. Usual occupation..... B. & O. R. R. retired
molder
11. Industry or business
MOTHER FATHER 12. Name..... Unknown
13. Birthplace.....
14. Maiden name.....
15. Birthplace.....

16. Informant..... Mrs. Lillian G. Hartwig, sister-in-law
Address..... 1015 Beechfield Ave.
Burial Date thereof..... 8/4/48
(Burial, cremation, or removal, Which?) (month) (day) (year)
Cemetery or crematory..... Loudon Park Cem.
Balto., Md.
Location.....
18. Funeral director..... WM. J. TICKNER & SONS
Address..... Balto., Md.
19. Aug 2 48 Ge Kieffer
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... July 31, 1948 12:30 P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
July 29 48 to July 31 48
and that I last saw him alive on July 31 48

Immediate cause of death.....
Myocardial Infarction 2 day
DURATION
Due to.....
Arteriosclerotic disease?

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings of operations.....
Date of op.

Autopsy results.....
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide..... Date of
Where did injury occur?..... (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury..... Injured at work?

23. SIGNATURE..... Ge Kieffer M. D. or other
Address..... 1010 Leidsdorp Date signed..... 8-1-48

MARGIN RESERVED FOR BINDING

VS-A15 9-45-15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

RECEIVED

AUG 4 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 11

1. PLACE OF DEATH:

County BaltimoreCity or town Turners Sta.
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 9 Days

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County BaltimoreCity or town Turners Sta.
(If outside city or town limits, write RURAL and give nearest town)Street No. 202 Colfax Rd.
(If rural, give LOCATION)2.(a) If veteran, name war No

3.(a) FULL NAME

William Hamilton Dennis

3.(b) Social Security Number

4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced

M

C

Single

6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) 7/11/488. AGE: Years Months Days If less than one day
9 hrs. min.9. Birthplace Balto. County, Md. (Turners Sta.)
(Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name Joseph Dennis13. Birthplace Port Deposit, Md.14. Maiden name Blanche Rice15. Birthplace Balto. Md.16. Informant Blanche Dennis (M)Address 202 Colfax Rd, (Turners Sta)17. Burial Date thereof 7/22/48
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Ballyhoo/Md Mt. AuburnLocation Balto. Md.18. Funeral director Charles G. CooperAddress 510-12 N. Carrollton Ave19. 7/22 48 Sto. Hedrick
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 20 19 48 at 11:30 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 11 19 48 to July 20 19 48and that I last saw him alive on July 20 19 48Immediate cause of death Congenital Heart Disease

DURATION

9 days

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE William J. Stode M.D. M. D. or otherAddress 140 Oak Ave Date signed 7-20-48

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 06952

1. PLACE OF DEATH:

County Baltimore
 City or town Calverville
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 2 yrs
 Hospital, institution, or street address where death occurred: Good Murphy Home
 How long in hospital or institution? 2 yrs (5313 Edmonday Ave)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State md County Baltimore
 City or town 3900 Gwynn Oak Ct
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 13 alle 15-md
 (If rural, give LOCATION)
 2. (a) If veteran, name war no ✓

3. (a) FULL NAME

Florance Sewell Donovan

3. (b) Social Security Number

none

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widow

6. (b) Name of husband or wife

Wm. Marion Donovan

7. Birth date of deceased (mo., day, yr.)

January-17-1861

6. (c) If alive, give age..... years

8. AGE:

Years

Months

Days

If less than one day

87520

hrs.

min.

9. Birthplace

Baltimore, Md.
(Town, county, and state)

10. Usual occupation

none

11. Industry or business

none

FATHER

12. Name

Andrew J. Myers

13. Birthplace

Virginia

MOTHER

14. Maiden name

Mary Griffith

15. Birthplace

Marland

16. Informant

Morris G. Myers (nephew)

Address

3900 Gwynn Oak Ct

17. Entombment

entombment

Date thereof

July-9-48
(month) (day) (year)

Cemetery or crematory

Gwynn Mount

Location

Baltimore, Md.

18. Funeral director

Stewart Morris

Address

108 W. North

19. (Date rec'd by registrar)

7/18

19.

4848
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

July 7

19

48 at 9:30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 148 to July 7

19

48

and that I last saw him alive on

July 6

19

48

Immediate cause of death

Extensive Ischemic Cardiac
Vascular Disease

DURATION

6 mos

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Stewart Morris

M. D. or other

Address

108 W. North

Date signed

7-7

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians; please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

94a

06953

CERTIFICATE OF DEATH

Reg. Dist. No. 37

1. PLACE OF DEATH

County BaltimoreCity or town Texas
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Life
Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md. County BaltimoreCity or town Texas
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Elizabeth H. Doyle

3. (b) Social Security Number

4. Sex

F

5. Color or race

W

6. (a) Single, married, widowed, or divorced

single

6. (b) Name of husband or wife

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.)

unknown 1871

8. AGE:

Years

Months

Days

If less than one day

77 unknown hrs. min.

9. Birthplace

Texas, Balto Co, Md
(Town, county, and state)

10. Usual occupation

Homemaker

11. Industry or business

MOTHER FATHER

12. Name

Edward Doyle

13. Birthplace

Ireland

14. Maiden name

Bridget O'Connor

15. Birthplace

Ireland

16. Informant

Miss Cecelia Doyle

Address

Texas, Md.

17.

(Burial, cremation, or removal, Which?)

Date thereof

7-8-48
(month) (day) (year)

Cemetery or crematory

St. Joseph

Location

Texas, Md

18. Funeral director

J. Scott Brooks

Address

Sparks, Md

19.

7-6-19 48Wilmer C. Ensor

(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

July 5,

19

48

at

5-P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19

to

19

and that I last saw h. _____ alive on _____ 19

Immediate cause of death

DURATION

Due to

Coronary Occlusion
Arterio-Sclerosis

Due to

Other conditions

Left Hemiplegia

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op. _____

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

John V. Green, M.D.
Deputy Medical Examiner

Address

Baltimore, Md Date signed July 6, 48

RECEIVED

JUL 8 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 06954-4

1. PLACE OF DEATH

County BaltoCity or town Sparrow Point
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

on 55 Marore at Ore Dock

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County BaltimoreCity or town Baltimore
(If outside city or town limits, write RURAL and give nearest town)Street No. 726 N. Caroline St.
(If rural, give LOCATION) ✓

2.(a) If veteran, name war.

3. (a) FULL NAME

John Duesbury

3. (b) Social Security Number

4. Sex

male

5. Color or race

Col.

6. (a) Single, married, widowed, or divorced

Widower

6. (b) Name of husband or wife

Annie

7. Birth date of

deceased (mo., day, yr.)

April 29, 1891

6. (c) If alive, give age

years

8. AGE:

Years

Months

Days

If less than one day

57

hrs.

min.

9. Birthplace

Balifal West Indies
(town, county, and state)

10. Usual occupation

Chf. Cook

11. Industry or business

Seaman

FATHER

12. Name

unknown

13. Birthplace

MOTHER

14. Maiden name

unknown

15. Birthplace

16. Informant

Henry Purzie

Address

726 N. Caroline St.

17. Burial

(Burial, cremation, or removal. Which?)

Burial

Date thereof

July 30 1948
(month) (day) (year)

Cemetery or crematory

St. Calvary Cem

Location

A. A. County

18. Funeral director

Wm. Roth A. Elliston Dyl

Address

1129 N. Caroline St.

19.

(Date rec'd by registrar)

7/30/48

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

July 28, 1948 at 1:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19... to 19...

and that I last saw him alive on 19...

Immediate cause of death

Coronary occlusion

Due to

actually died at sea

Due to

on shore ship 7/28/48 - 12:15 P.M.

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

Wm. Roth A. Elliston DylAddress 1129 N. Caroline St. Date signed 7/28/48

Evidence for change of
age shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

94a

06955

FILM No. G 116 AUG 11 1948 CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH

County Balto.
City or town Middle River P.O.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frog Molar Creek
and Chesapeake Bay

How long in hospital or institution?

3. (a) FULL NAME

Harry T. Edel.

3. (b) Social Security Number

4. Sex

male

5. Color or race

white

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife

Mary L. Neal Edel

7. Birth date of deceased (mo., day, yr.)

April 3rd, 1878

8. AGE:

Years

Months

Days

If less than one day

70

12

3

9

hrs.

min.

9. Birthplace

Baltimore, Md.

(Town, county, and state)

10. Usual occupation

Storekeeper

11. Industry or business

Sports

FATHER

12. Name

Samuel Edel

13. Birthplace

Pa.

MOTHER

14. Maiden name

Liza

15. Birthplace

Pa.

16. Informant

Mr. Neal Edel

Address

208 E. Melrose Ave.

17.

burial

(Burial, cremation, or removal. Which?)

Date thereof

7/15/48

(month) (day) (year)

Cemetery or crematory

Loudon Park

Location

Baltimore, Md.

18. Funeral director

Lassahn Funeral Home

Address

7401 Belair Rd.

19.

July 15

1948

John S. Connelley

(Date read by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants, give residence of mother)

State

Md.

City or town

Balto City

(If outside city or town limits, write RURAL and give nearest town)

Street No.

308 E. Melrose Ave

(If rural, give LOCATION)

2. (a) If veteran, name war

MEDICAL CERTIFICATION

20. DATE OF DEATH

July 12 1948 at 6:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

.....19....., to.....19.....
and that I last saw him.....alive on.....19.....

Immediate cause of death

Coronary occlusion

Duration

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underwrite the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

J. M. Berman, M.D.
Deputy Medical Examiner
Address Baltimore, Md. Date signed 7/12/48

MARGIN RESERVED FOR BINDING

VS A15

9.45.15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physician: please write the causes of death clearly and legibly.

RECEIVED

AUG 5 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 80

06956

1. PLACE OF DEATH:

County BaltimoreCity or town Fort Howard
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 559 days

Hospital, institution, or street address where death occurred:

Veterans Administration HospitalHow long in hospital or institution? 559 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland CountyCity or town Baltimore
(If outside city or town limits, write RURAL and give nearest town)Street No. 543 East Fort Avenue
(If rural, give LOCATION)2.(a) If veteran, name war WW ✓

3. (a) FULL NAME

FREDERICK G. EISEL

3. (b) Social Security Number

Unknown

4. Sex <u>Male</u>	5. Color or race <u>White</u>	6.(a) Single, married, widowed, or divorced <u>Married</u>
6.(b) Name of husband or wife <u>Mary A. Eisel</u>		
6.(c) If alive, give age <u>55</u> years		
7. Birth date of deceased (mo., day, yr.) <u>August 14, 1890</u>		
8. AGE: Years <u>57</u>	Months <u>10</u>	Days <u>18</u> hrs. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)10. Usual occupation Unemployed

11. Industry or business

12. Name Nicholas Eisel13. Birthplace Germany14. Maiden name Barbara Bahleine15. Birthplace Maryland16. Informant Clinical Records, Vet. Adm. Hosp.Address Fort Howard, Md.17. Burial Date thereof 7-5-48
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Holy Cross CemeteryLocation Baltimore, Maryland18. Funeral director Bernard C. HarleAddress 121 E. West St., Balto. Md.19. July 3, 1948 a.m. H. H. H. H. H.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 2 19 48 at 8:45 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
December 20 19 46 to July 2 19 48
and that I last saw him alive on July 2 19 48Immediate cause of death
CEREBRAL INFARCT DURATION 1 1/2 yrs.Due to HYPERTENSIVE CARDIOVASCULAR DISEASE 10 yrs.Other conditions RESIDUALS, RIGHT HEMIPLEGIA 1 1/2 yrs.

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Paul Padgett M. D. or otherAddress VAH, Fort Howard, Md. Date signed 7/2/48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 06957 37

1. PLACE OF DEATH:

County..... Baltimore
 City or town..... Sparks, Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... Lifetime
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State..... Md. County..... Baltimore
 City or town..... Sparks, (Rural)
 (If outside city or town limits, write RURAL and give nearest town)
 Street No..... Talk Rd.
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

Sarah Jane Ensor

3. (b) Social Security Number

4. Sex..... F. 5. Color or race..... W. 6.(a) Single, married, widowed, or divorced..... Widow
 6.(b) Name of husband or wife..... George Ed. Ensor
 6.(c) If alive, give age..... years
 7. Birth date of deceased (mo., day, yr.)..... Nov. 2, 1862
 8. AGE: Years..... 85 Months..... 8 Days..... 4 If less than one day..... hrs. min.

9. Birthplace..... Sparks, Maryland
 (Town, county, and state)

10. Usual occupation..... Homemaker

11. Industry or business.....

12. Name..... John O. Chilcoat

13. Birthplace..... Sparks, Md.

14. Maiden name..... Mary Ann Chil

15. Birthplace..... Sparks, Md.

16. Informant..... Esther Ensor

Address..... Sparks, Md.

17. Burial Date thereof..... July 10, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory..... Black Rock

Location..... Butler, Balto Co, Md

18. Funeral director..... Laundon M. Brooks

Address..... Sparks, Md

19. July 8, 48 Wilmer C. Ensor
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... 7-6-48 19....., at..... 6 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from.....
1-1-35 to..... 7-6-48 19.....
 and that I last saw her alive on..... 7-6-48 19.....

Immediate cause of death.....

myocardial chronic - decompensated

Due to.....

hypertension - chronic

Due to..... atherosclerosis

Other conditions.....

(Include pregnancies within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE..... James L. Safal

Address..... Reston, Va M. D. or other

Date signed..... 7/7/48

RECEIVED

JUL 10 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 39

1. PLACE OF DEATH:

County Baltimore
 City or town Loch Raven (rural)
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Cromwell Bridge Road

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Baltimore
 City or town Loch Raven (Rural)
 (If outside city or town limits, write RURAL and give nearest town)

Street No. Cromwell Bridge Road
 (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

MARY AGNES FINN

3. (b) Social Security Number

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife

John T. Finn

7. Birth date of deceased (mo., day, yr.)

Feb. 19, 1867

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

It less than one day

8156

hrs.

min.

9. Birthplace

Towson, Md.

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

At Home

FATHER

12. Name

Frank Minnes

13. Birthplace

Germany

MOTHER

14. Maiden name

Annie Bolger

15. Birthplace

Ireland

16. Informant

Family Records

Address

Loch Raven, Md.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereat

July 28, 1948

(month) (day) (year)

Cemetery or crematory

Mt. Marie Cemetery

Location

Towson, Md.

18. Funeral director

John Burm: Son

Address

Towson, Md.

19. Date rec'd by registrar

July 27, 19481948July 28, 1948July 28, 1948July 28, 1948July 28, 1948July 28, 1948July 28, 1948July 28, 1948July 28, 1948July 28, 1948July 28, 1948July 28, 1948July 28, 1948

MEDICAL CERTIFICATION

20. DATE OF DEATH July 25th 1948 at 4 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 14 1948 to July 25 1948and that I last saw her alive on July 25th 1948

Immediate cause of death

Cancer

DURATION

Due to

Cancer of stomach2 yr

Due to

Hematemesis

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

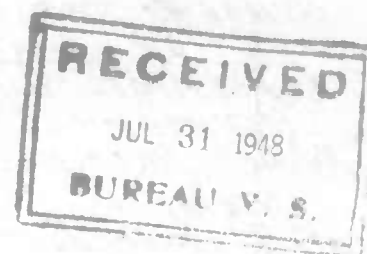
C. E. Gonsior, M.D.

Address

8304 Kenford Rd

Date signed

July 29, 1948



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

06959

Reg. Dist. No. 30

1. PLACE OF DEATH:

County Baltimore
 City or town Catonsville, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 4 yrs., 1 mo., 24 days.
 Hospital, institution, or street address where death occurred:
Spring Grove State Hospital
 How long in hospital or institution? 4 yrs., 1 mo., 24 days.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County _____
 City or town Baltimore
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 721 South Conkling Street
 (If rural, give LOCATION)
 2.(a) If veteran name war _____

3. (a) FULL NAME

John William Fooks

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Single
 6.(b) Name of husband or wife _____
 7. Birth date of deceased (mo., day, yr.) May 16, 1884
 8. AGE: Years 64 Months 2 Days 0 If less than one day _____ hrs. _____ min.

9. Birthplace Baltimore, Maryland
 (Town, county, and state)
 10. Usual occupation Painter
 11. Industry or business Painting
 12. Name Peter Fooks
 13. Birthplace Germany
 14. Maiden name Catherine Ritter
 15. Birthplace Baltimore, Md.

16. Informant Hospital Records
 Address Catonsville-28, Maryland
 17. Burial Date thereof 7/20/48
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory First United Evangelical
@'Donnell St.
 Location _____
 18. Funeral director Hilly & Zuck, Ch
 Address 403 N. Wolfe St
 19. July 20 19 48 A. W. Hadruck
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 16 1948 at 2:45 P
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from not seen alive to _____ 19____
 and that I last saw him on July 16 1948
 Immediate cause of death Hypertensive E-V Disease 3 yrs.
 DURATION _____
 Due to _____
 Due to _____
 Other conditions alcoholic deterioration 9 yrs.
 (Include pregnancy within 3 months of death)
 Major findings of operations _____
 _____ Date of op. _____
 Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide None Date of _____
 Where did injury occur? _____ (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work? _____

23. SIGNATURE Dr. D. D. Caples Med. Exam.
 Address Reisterstown, Md M. D. or other _____
 Date signed 7-16-48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH:

County Baltimore
 City or town Fort Howard
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? D.O.A.
 Hospital, institution, or street address where death occurred:
Vets. Adm. Hospital, Ft. Howard, Md.
 How long in hospital or institution? D.O.A.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County _____
 City or town 916 Whatcoat St., Baltimore
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. See above.
 (If rural, give LOCATION)
 2(a) If veteran, name war WW-2 ✓

3. (a) FULL NAME

JOHN P. FORD

3. (b) Social Security Number

220-05-7620

4. Sex Male 5. Color or race Colored 6. (a) Single, married, widowed, or divorced Single
 6. (b) Name of husband or wife Single
 7. Birth date of deceased (mo., day, yr.) 7-4-06 6. (c) If alive, give age _____ years
 8. AGE: Years 42 Months 0 Days 23 If less than one day _____ hrs. _____ min.

9. Birthplace Baltimore, Maryland
 (Town, county, and state)
 10. Usual occupation Pen Boy, Bowling Alley
 11. Industry or business _____
 12. Name John Ford
 13. Birthplace Calvert Co., Md.
 14. Maiden name Emma Robinson
 15. Birthplace Maryland

16. Informant Clinical Records, Vets. Adm. Hosp.
Fort Howard, Maryland
 Address _____
 17. Burial Date thereof 7/31/48
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Baltimore National Cemetery
Baltimore, Maryland
 Location _____
 18. Funeral director Charles R. Law
802 Madison Ave., Balto., Md.
 Address _____

19. 7/30/48 19. 48
 (Date rec'd by registrar) Registrar _____

MEDICAL CERTIFICATION

20. DATE OF DEATH July 27, 1948 at D.O.A.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 27, 1948 to July 27, 1948
 and that I last saw him alive on July 27, 1948

Immediate cause of death Coronary Occlusion DURATION sudden

Due to Arteriosclerosis
 Due to _____
 Other conditions _____
 (Include pregnancy within 8 months of death)

Major findings of operations _____ Date of op. _____
 Autopsy results Substantiated above.
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) (County) (State)
 Injured at home, farm, industry, pub'c place (where?) _____
 Means of injury _____ Injured at work? _____

23. SIGNATURE W. McNamee, M.D. M.D. or other _____
Deputy Medical Examiner
 Address Balto. Co. Health Dept. Date signed 7-30-48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 44

06961

1. PLACE OF DEATH:

County BaltimoreCity or town Fort Howard
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 5 days

Hospital, institution, or street address where death occurred:

Vets. Adm. Hospital, Fort Howard, Md.How long in hospital or institution? 5 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County _____City or town Baltimore
(If outside city or town limits, write RURAL and give nearest town)Street No. 713 N. Howard St.
(If rural, give LOCATION)2.(a) If veteran, name war WWI

3. (a) FULL NAME

FRED FRANCIS

3. (b) Social Security Number

None

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

MaleWhiteMarried6. (b) Name of husband or wife Margaret Francis7. Birth date of deceased (mo., day, yr.) 10/7/846. (c) If alive, give age 52 years8. AGE: Years Months Days If less than one day
63 9 22 hrs. min.9. Birthplace Canada
(Town, county, and state)10. Usual occupation Retired11. Industry or business Civil Service12. Name Frederick Francis13. Birthplace England14. Maiden name Elizabeth Nuggett15. Birthplace England16. Informant Clinical Records, Vets. Adm. Hosp.Address Fort Howard, Maryland17. Burial Date thereof 5/2/48
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Baltimore NationalLocation Baltimore, Md.18. Funeral director William Cook, Inc.Address St. Paul & Preston St. Balto., Md.19. Aug 2 19 48 a. 20 Heibel
(Date registered by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 29 19 48 6:50 P. M.21. I CERTIFY that death occurred on the date above stated: that I attended deceased from July 24 1948 to July 29 1948 and that I last saw him alive on July 29 1948

Immediate cause of death

CIRRHOSIS OF LIVER AND ENLARGEMENT OF SPLEEN

DURATION

Unknown

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results Substantiated above

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE H.C. MANAUGH, M.D., CHIEF, PROF. of SERV.Address VAH, Fort Howard, Md. Date signed 7/30/48

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

06962

Reg. Dist. No. 32

1. PLACE OF DEATH:

County BALTIMORE

City or town CAMPFIELD RD.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

AUGSBURG HOME

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD. County

City or town BALTIMORE
(If outside city or town limits, write RURAL and give nearest town)

Street No. 2029 N. WOLFE ST.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

CHRISTIAN C. FRESE

3. (b) Social Security Number

4. Sex

MALE

5. Color or race

WHITE

6.(a) Single, married, widowed, or divorced

WIDOWED

6.(b) Name of husband or wife ANNA FRESE.

7. Birth date of

deceased (mo., day, yr.) JAN. 16, 1873.

6.(c) If alive, give age years

8. AGE:

Years

75

Months

6

Days

10

If less than one day

hrs.

10

min.

9. Birthplace

BALTO., MD.
(Town, county, and state)

10. Usual occupation

RETIRED.

11. Industry or business

FATHER
MOTHER

12. Name CHRISTIAN L. FRESE.

13. Birthplace

GERMANY.

14. Maiden name

PHILIPPINA KOCH.

15. Birthplace

GERMANY.

16. Informant

RECORDS.

Address

AUGSBURG HOME.

17.

BURIAL Date thereof 7-29-48.
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory

MT. CARMEL CEM.

Location

O'DONNELL ST. BALTO. MD.

18. Funeral director

L. HEEMANN + SON.

Address

6067 HARFORD RD.

19.

7/28 19 48 H.W. Hedrick
(Signed by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 26, 1948 at 8:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 18, 1948 to July 26, 1948

and that I last saw him alive on July 27, 1948

Immediate cause of death

myocardial degeneration

DURATION

5 yrs

Due to

Arteriosclerosis

10 yrs

Other conditions

hepatosis of liver metastatic

(Include pregnancy within 3 months of death)

Major findings of operations

no operation

Date of op.

Autopsy results

no autopsy

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Joseph H. Ammer MD

Address 6419 Arden Middle Rd

Baltimore-7 Md

MARGIN RESERVED FOR BINDING

I

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 32

06963

1. PLACE OF DEATH:

County BaltimoreCity or town Pikesville
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Robb Nursing Home; Essex Road

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County BaltimoreCity or town Towson
(If outside city or town limits, write RURAL and give nearest town)Street No. 117 W. Susquehanna Avenue

(If rural, give LOCATION)

2.(a) If veteran, name war None

3. (a) FULL NAME

HANNAH KATHERINE GILBERT

3. (b) Social Security Number

None

4. Sex

Female

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Single

6.(b) Name of husband or wife

6.(c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.)

October 3, 1868

8. AGE:

Years

Months

Days

If less than one day

79919

hrs.

min.

9. Birthplace Harford County, Maryland
(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

At Home

FATHER

12. Name Charles L. Gilbert

MOTHER

13. Birthplace Maryland14. Maiden name Rose Kerr15. Birthplace Maryland16. Informant Margaret WeissAddress 117 W. Susquehanna Ave., Towson, Md.17. BurialDate thereof July 24, 1948
(month) (day) (year)Cemetery or crematory Mt. Marie CemeteryLocation Towson, Maryland

18. Funeral director

Address Towson, Maryland19. 7-23- 1948
(Date rec'd by registrar)Dr E E Nichol
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 22, 1948 at 10 A M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

March 22 1948 to July 21 1948and that I last saw her alive on July 21 1948

Immediate cause of death

Coronary atherosclerosis
& infarction

DURATION

about 1 year

Due to

Due to

Other conditions

Chronic myeloid leukemia
& anemia
(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury

Injured at work?

23. SIGNATURE

E E Nichol
Pikesville Md
Address Date signed 7/23/48

M. D. or other

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 24 1948
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 0696438

1. PLACE OF DEATH:

County BALTIMORECity or town Towson
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

118 Willow Ave.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County BALTIMORECity or town Towson
(If outside city or town limits, write RURAL and give nearest town)Street No. 118 Willow Ave.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

PAULINE V. GILL

3. (b) Social Security Number

none

4. Sex

female

5. Color or race

white

6. (a) Single, married, widowed, or divorced

married6. (b) Name of husband or wife Louis W. Gill

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 28, 19038. AGE: Years 45 Months 0 Days 7 If less than one day
..... hrs. min.9. Birthplace Mackton, Md.
(Town, county, and state)10. Usual occupation Housewife

11. Industry or business

12. Name George Cantler13. Birthplace Md.14. Maiden name Johanna Lee15. Birthplace Md.16. Informant Mr. Louis W. GillAddress 118 Willow Ave., Towson, Md.17. Burial Date thereof 7/8/48
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory Woodlawn Cem.Location Woodlawn, Md.18. Funeral director WM. J. TICKNER & SONSAddress Baltimore, Md.19. July 7 19 48
(Date rec'd by registrar) Registrar [Signature]

MEDICAL CERTIFICATION

20. DATE OF DEATH July 5, 19 48, at 8:00 P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

..... 19....., to..... 19.....
and that I last saw him..... alive on..... 19.....

Immediate cause of death

DURATION

Asphyxiation
Gas

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op. —Autopsy results —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide suicide Date of July 5, 48Where did injury occur? Home
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE [Signature] M.D. or otherAddress [Signature] Date signed 7/7/48

RECEIVED

JUL 12 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Do not correct age is especially important. Physicians: please write the causes of death clearly and briefly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

06965

30

1. PLACE OF DEATH:

County..... BaltimoreCity or town..... Catonsville
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Hood Nursing Home

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Md. County..... A.A.City or town..... Catonsville
(If outside city or town limits, write RURAL and give nearest town)Street No..... Hood Nursing Home-5313 Edmondson Ave
(If rural, give LOCATION)2.(a) If veteran, name war..... 5601 Balleman Ave, Brooklyn ✓

3. (a) FULL NAME

HELEN BANNON GISCHEL

3. (b) Social Security Number

**

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married6. (b) Name of husband or wife..... Clarence H. Gischel

7. Birth date of

deceased (mo., day, yr.)

6. (c) If alive, give age..... years

Feb. 27, 1898

8. AGE:

Years

50

Months

4

Days

19

If less than one day

hrs.

min.

9. Birthplace..... Baltimore, Md.

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

FATHER

12. Name..... Michel H. Bannon13. Birthplace..... Baltimore

MOTHER

14. Maiden name..... Margaret C. Ryan15. Birthplace..... Baltimore16. Informant..... Mr. Clarence H. GischelAddress..... 5601 Balleman Ave., Brooklyn, Md.17. Burial
(Burial, cremation, or removal. Which?)Date thereof..... 7/19/48
(month) (day) (year)Cemetery or crematory..... New Cathedral Cem.Location..... Balto., Md.18. Funeral director..... WM. J. TICKNER & SONSAddress..... Balto., Md.19. 7-17 19 48
(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... July 16, 19 48, at 5:45 am

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 4 19 48, to July 13 19 48
and that I last saw h. alive on July 13 19 48

Immediate cause of death

arteriosclerotic hypertension about
heart disease

DURATION

5 years

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury.....

Injured at work?

23. SIGNATURE.....

M. D. or other

Address..... 12200 Willow Hill Ave Date signed..... 7/16/48
Baltimore, Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

06966

Reg. Dist. No. 31

1. PLACE OF DEATH:

County Baltimore
 City or town Mariettaville Rural
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 mo

Hospital, institution, or street address where death occurred

Mariettaville Road

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Baltimore
 City or town Mariettaville Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Mariettaville Road
 (If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME

Stanislaw Gorlenowski Goralewski

3.(b) Social Security Number

4. Sex

M

5. Color or race

W

6.(a) Single, married, widowed, or divorced

married

6.(b) Name of husband or wife

Helen Gorlenowski6.(c) If alive, give age 44 years

7. Birth date of deceased (mo., day, yr.)

June 15 1879

8. AGE:

Years

Months

Days

If less than one day

6913

hrs.

min.

9. Birthplace

Poland

(Town, county, and state)

10. Usual occupation

Carpenter

11. Industry or business

O & P R R

FATHER

MOTHER

12. Name

Stanislaw Gorlenowski

13. Birthplace

Poland

14. Maiden name

Stanislaw Gorlenowski

15. Birthplace

Poland

16. Informant

Mrs. Helen Gorlenowski

Address

Mariettaville

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

7/23/48
(month) (day) (year)

Cemetery or crematory

Holy Rosary

Location

Baltimore

18. Funeral director

Fred W. Orazewski

Address

1930 Eastern Ave, Balto

19.

(Date rec'd by registrar)

1948

Wm E. Martin

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

July 15 1948 at 9:10 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 15 1948 to July 18 1948
and that I last saw him alive on July 17 1948

Immediate cause of death

Carcinoma of pancreas

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Wm E. Martin
Randalltown Md

M. D. or other

Date signed 7/19/48

RECEIVED

AUG 2 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore
CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH:

County BaltimoreCity or town Fort Howard
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 92 Days

Hospital, institution, or street address where death occurred:

Vets. Adm. Hospital, Ft. Howard, MarylandHow long in hospital or institution? 92 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland CountyCity or town Baltimore
(If outside city or town limits, write RURAL and give nearest town)Street No. 1401 Argyle Avenue
(If rural, give LOCATION)2.(a) If veteran, name war WW-I ✓

3.(a) FULL NAME

WILFORD G. GRAY

3.(b) Social Security Number

219-03-2891

4. Sex

Male

5. Color or race

Colored

6.(a) Single, married, widowed, or divorced

Widower6.(b) Name of husband or wife Widower

6.(c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.)

10-24-96

8. AGE:

Years

Months

Days

If less than one day

5189

_____ hrs.

_____ min.

9. Birthplace Baltimore, Maryland

(Town, county, and state)

10. Usual occupation Cook Helper

11. Industry or business

FATHER

12. Name

Charles Gray

13. Birthplace

Baltimore, Md.

MOTHER

14. Maiden name

Josephine Knight

15. Birthplace

North Carolina16. Informant Clinical Records, Vets. Adm. Hosp.Address Fort Howard, Maryland

17.

Burial

Date thereof

7/7/98
(month) (day) (year)

Cemetery or crematory

Baltimore National Cemetery

Location

Baltimore, Md.18. Funeral director William ReeseAddress 108 Washington St., Annapolis, Md.

19.

(Date rec'd by registrar)

July 6, 48a.w. Helms

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 3, 1948, at _____ M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
April 2, 1948, to July 3, 1948and that I last saw him alive on July 3, 1948

Immediate cause of death

Carcinoma of rectum with metastasis
to liver and lungs.

DURATION

Unknown

Due to

Due to

Other conditions none

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results Substantiated above.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, till in the following;

Accident, suicide, or homicide _____ Date of _____

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

C. E. SHAW, M.D.

M. D. or other

Address VAH, Fort Howard, Md.Date signed 7-3-48

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 41

1. PLACE OF DEATH:

County BALTIMORE
City or town DUNDALK
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 18 YEARS
Hospital, institution, or street address where death occurred:
SPARROWS POINT BRIDGE
How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State MARYLAND County BALTIMORE
City or town DUNDALK
(If outside city or town limits, write RURAL and give nearest town)
Street No. 7001 DUNMAN WAY
(If rural, give LOCATION)
2.(a) If veteran, name war WORLD WAR I

3. (a) FULL NAME

ROBERT MICHAEL GROGAN

3. (b) Social Security Number

4. Sex M 5. Color or race W 6.(a) Single, married, widowed, or divorced MARRIED

6.(b) Name of husband or wife ANN GROGAN

7. Birth date of deceased (mo., day, yr.) JANUARY 22 1894 6.(c) If alive, give age _____ years

8. AGE: Years 54 Months 6 Days — If less than one day _____ hrs. _____ min.

9. Birthplace BROOKLYN, NEW YORK
(Town, county, and state)

10. Usual occupation MANAGER - SPARROWS PT. BRIDGE

11. Industry or business _____

FATHER 12. Name MICHAEL GROGAN
13. Birthplace IRELAND

MOTHER 14. Maiden name _____
15. Birthplace _____

16. Informant ANN GROGAN
Address 7001 DUNMAN WAY

17. BURIAL Date thereof JULY 26 1948
(Burial, cremation, or removal, Which?) (month) (day) (year)
Cemetery or crematory HOLY REDEEMER
Location BALTIMORE, MD.

18. Funeral director Roland P. Fieber
Address 2112 DUNDALK AVE. DUNDALK

19. July 24 1948 William M. Kelly M.D.
(Date rec'd by registrar) (Signature of Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 22 19 48 at 1:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____ 19 _____ to _____ 19 _____ and that I last saw him _____ alive on _____ 19 _____

Immediate cause of death Coronary Occlusion DURATION _____

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

_____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide None Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE M. B. Davis M.D.

Wm. M. Kelly M.D. or other _____

Address Dundalk, Md. Date signed 7/23/48

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUL 26 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

06969

CERTIFICATE OF DEATH

Reg. Dist. No. 32

1. PLACE OF DEATH:
County.....Baltimore
City or town.....Mount Wilson, Maryland
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 1 yr., 5 mos., 24 days
Hospital, institution, or street address where death occurred: Mt. Wilson
Branch, Md. T. B. Sanatorium
How long in hospital or institution? 1 yr., 5 mos., 24 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State.....Maryland County.....Baltimore
City or town.....Dundalk
(If outside city or town limits, write RURAL and give nearest town)
Street No. 7312 Holabird Avenue
(If rural, give LOCATION)
2.(a) If veteran, name war.....

3. (a) FULL NAME
Peter Gummer

3. (b) Social Security Number
217-12-5257

4. Sex.....Male 5. Color or race.....White 6.(a) Single, married, widowed, or divorced.....Divorced
6.(b) Name of husband or wife.....Viola Gummer
6.(c) If alive, give age.....59 years
7. Birth date of deceased (mo., day, yr.).....August 26, 1882
8. AGE: Years.....65 Months.....10 Days.....18 If less than one day..... hrs. min.

9. Birthplace.....Baltimore, Maryland
(Town, county, and state)
10. Usual occupation.....Cleaner
11. Industry or business.....

12. Name.....Andrew Gummer
13. Birthplace.....Germany
14. Maiden name.....Rose Miller
15. Birthplace.....Germany

16. Informant.....Peter Gummer
Address.....7312 Holabird Ave., Dundalk, Md.
17.....Burial Date thereof.....July 17, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory.....Holy Redeemer Cemetery
Location.....4430 Belair Rd., Balto., Md.

18. Funeral director.....Roland Fisher
Address.....1221 Dundalk Ave., Dundalk, Md.
19.....July 7/14.....19.....48.....Walter R. Hoyer
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH.....July 14, 1948.....11:50 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from.....January 20, 1947.....to.....July 14, 1948
and that I last saw him alive on.....July 14, 1948

Immediate cause of death.....Pulmonary Tuberculosis DURATION.....6 yrs.

Due to.....Tubercle Bacilli

Due to.....

Other conditions.....None

(Include pregnancy within 3 months of death)

Major findings of operations.....

.....Date of op.

Autopsy results.....
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, till in the following;
Accident, suicide, or homicide..... Date of.....
Where did injury occur?.....(City or town).....(County).....(State)
Injured at home, farm, industry, public place (where?).....
Means of injury..... Injured at work?.....

23. SIGNATURE.....Stewart S. Shaffer m.d......Mt. Wilson, Md......7/14/48
M. D. or other.....
Address..... Date signed.....

MARGIN RESERVED FOR BINDING

VS A15

9-45-15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct page is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUL 19 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

06970

30

Reg. Dist. No.

1. PLACE OF DEATH:

County Baltimore
 City or town Catonsville
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? -
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? -

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Baltimore
 City or town Catonsville
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 612 Hatherleigh Road
 (If rural, give LOCATION)
 2.(a) If veteran, name war -

3. (a) FULL NAME

Kate Haight

3. (b) Social Security Number

-

4. Sex <u>Female</u>	5. Color or race <u>White</u>	6. (a) Single, married, widowed, or divorced <u>Single</u>	
6. (b) Name of husband or wife <u>-</u>			
7. Birth date of deceased (mo., day, yr.) <u>July 27, 1877</u>			
8. AGE: Years <u>70</u>	Months <u>11</u>	Days <u>27</u>	If less than one day hrs. min.

6. (c) If alive, give age years

9. Birthplace Baltimore County
 (Town, county, and state)
 10. Usual occupation -
 11. Industry or business -

MOTHER FATHER
 12. Name Andrew J. Haight
 13. Birthplace Baltimore County
 14. Maiden name Rachel A. Griffin
 15. Birthplace Baltimore County

16. Informant Virginia Johnson
 Address 612 Hatherleigh Road
 17. Burial Burial Date thereof July 17-48
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Cemetery
 Location Loudon Park

18. Funeral director Wm. Cook, Inc.
 Address 1217 St. Paul Street

19. July 15 19 48 A. W. Badrich
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 14 19 48 at 7:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 12 19 48 to July 12 19 48
 and that I last saw him/her alive on July 12 19 48

Immediate cause of death arteriosclerotic heart disease DURATION unknown

Due to.....
 Due to.....

Other conditions.....
 (Include pregnancy within 3 months of death)

Major findings of operations.....
 Date of op.

Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of.....
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE Geo. J. Gave M.D.
 M. D. or other
 Address 13400 Hill ave Date signed 7/14/48
Baltimore, Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 06971 41

1. PLACE OF DEATH:

County BaltimoreCity or town Owings Mills
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 17 yrs. 10 mos.Hospital, institution, or street address where death occurred:
Residential 75 17 yrs. 10 mos.How long in hospital or institution? 17 yrs. 10 mos.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County SomersetCity or town Marion
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2(a) If veteran, name war _____

3. (a) FULL NAME

Anita Elizabeth Hall

3. (b) Social Security Number

4. Sex female 5. Color or race white 6. (a) Single, married, widowed, or divorced single

6. (b) Name of husband or wife _____

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) June 26, 19188. AGE: Years 30 Months 0 Days 27 If less than one day _____ hrs. _____ min.9. Birthplace Somerset County, Md.
(Town, county, and state)10. Usual occupation Inmate Rosewood

11. Industry or business _____

12. Name G. Ben Hall13. Birthplace Oriole, Md.14. Maiden name Neta Maddox15. Birthplace Marion, Md.16. Informant Rosewood St. Tr. SchoolAddress Owings Mills, Md.17. Burial Date thereof 7 25 48
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory St. Paul'sLocation Crisfield, Md.18. Funeral director H. Harvey BradshawAddress Crisfield, Md.19. JULY 22 1948 William M. Kelly Jr.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 22 1948 at 10.40 A21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 1 1947 to July 22 1948and that I last saw him alive on July 22 1948Immediate cause of death Sudden Death DURATION 4 min.Due to Bilateral PulmonaryPulmonary Tuberculosis 10 yrs +Due to caavitation andpleurisy -Other conditions Chronic Mitral Endocarditis 5 moMacrocephaly - since childhood
(Include pregnancy within 3 months of death)Major findings of operations None Date of op. _____Autopsy results None - no autopsy

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Isabel H. McClinton Md M. D. or other _____Address Rosewood - Owings Mills Md Date signed 7-22-48

RECEIVED

JUL 24 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information fully. The doctor's age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

06972

30

1. PLACE OF DEATH:

County Baltimore
 City or town Catonsville
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 6 months 24 days
 Hospital, institution, or street address where death occurred:
Spring Grove State Hospital
 How long in hospital or institution? 6 months and 24 days.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County _____
 City or town Baltimore
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 1501 North Caroline Street
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____ ✓

3. (a) FULL NAME

Katherine Hanly (Katherine A. Hanly)

3. (b) Social Security Number
None

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife _____

7. Birth date of deceased (mo., day, yr.) July 22 1869 6. (c) If alive, give age _____ years

8. AGE: Years 78 Months 10 Days 2 If less than one day _____ hrs. _____ min.

9. Birthplace Baltimore
 (Town, county, and state)

10. Usual occupation dressmaker11. Industry or business clothing12. Name Michael Hanly13. Birthplace Ireland14. Maiden name Katherine Ward15. Birthplace Baltimore16. Informant Hospital recordsAddress Catonsville, 28, Md.

17. Burial Date thereof 7-27-48
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory New Cathedral CemeteryLocation Edmondson Avenue, Balto: Md.18. Funeral director George J. Ruth, Inc.Address 1735 Harford Avenue, Balto: Md.

19. July 26 1948
 (Date rec'd by registrar) Registrar A. W. [Signature]

MEDICAL CERTIFICATION

20. DATE OF DEATH July 24 1948 at 2:35 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
December 31, 1947 1947 to July 24 1948
 and that I last saw her alive on July 24 1948

Immediate cause of death Basal cell carcinoma DURATION
left ear; recurrent 1 mo
Carcinoma of the uterus Indefinite
Bilateral fibro-caseous pulmonary
tuberculosis "
Coronary sclerosis "
Old infarct (healed) A.S. heart disease "
 Other conditions Generalized arteriosclerosis "

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results as above
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, pub'c place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Isadore Tuerk, M. D. M. D. or other
 Address Catonsville, 28, Md. Date signed 7/24/48

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 06973 38

1. PLACE OF DEATH: <u>Parkville</u> County <u>Baltimore</u> City or town <u>Baltimore</u> (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? <u>Life</u> Hospital, institution, or street address where death occurred: How long in hospital or institution?		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Md. County <u>Baltimore</u> City or town <u>Parkville</u> (If outside city or town limits, write RURAL and give nearest town) Street No. <u>7801 Ardmore Avenue</u> (If rural, give LOCATION) 2.(a) If veteran, name war	
3. (a) FULL NAME <u>EDWARD CHRISTIAN HEINBUCH</u>		3. (b) Social Security Number <u>219-12-7892</u>	
4. Sex <u>M</u>	5. Color or race <u>W</u>	6. (a) Single, married, widowed, or divorced <u>Married</u>	
6. (b) Name of husband or wife <u>Anna M. Heinbuch</u> 6. (c) If alive, give age <u>70</u> years			
7. Birth date of deceased (mo., day, yr.) <u>Dec. 22, 1867</u>			
8. AGE: <u>80</u>	Years <u>7</u>	Months <u>1</u>	Days <u>1</u>
It less than one day hrs. min.			
9. Birthplace <u>Baltimore, Md.</u> (Town, county, and state)			
10. Usual occupation <u>Cannon Shoe Company</u>			
11. Industry or business			
FATHER 12. Name <u>Thomas Heinbuch</u> 13. Birthplace <u>Washington D.C.</u>			
MOTHER 14. Maiden name <u>Elizabeth ?</u> 15. Birthplace <u>Unknown</u>			
16. Informant <u>Mrs. Anna M. Heinbuch</u> Address <u>7801 Ardmore Avenue</u>			
17. Burial <u>7/26/48</u> (Burial, cremation, or removal, Which?) (month) (day) (year) Cemetery or crematory <u>Oak Lawn Cemetery</u> Location <u>Baltimore, Md.</u>			
18. Funeral director <u>HENRY SANDER & SONS, INC.</u> Address <u>NORTH AVE. & BROADWAY</u>			
19. <u>7/26</u> <u>28</u> <u>DW. Heint</u> (Date rec'd by registrar) Registrar			
MEDICAL CERTIFICATION 20. DATE OF DEATH <u>July 23</u> 19 <u>48</u> at <u>7:57</u> A.M. 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from <u>July 23</u> 19 <u>48</u> to <u>July 23</u> 19 <u>48</u> and that I last saw him alive on <u>7/23/48</u> 19 <u>48</u> Immediate cause of death <u>Cerebral Hemorrhage</u> <u>Cerebrovascular Heart Disease</u> Due to Other conditions (Include pregnancy within 8 months of death) Major findings of operations <u>None</u> Autopsy results <u>None</u> PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Date of Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury Injured at work? 23. SIGNATURE <u>Walter E. Kaufman MD</u> <u>4331 Harford Rd</u> M. D. or other Address Date signed <u>7/23/48</u>			

MARGIN RESERVED FOR BINDING

VS A15

9.45.1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County BaltimoreCity or town Arbutus
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 6 years

Hospital, institution, or street address where death occurred:

1322 Maple Avenue

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County BaltimoreCity or town Baltimore
(If outside city or town limits, write RURAL and give nearest town)Street No. 1322 Maple Avenue
(If rural, give LOCATION)2.(a) If veteran, name war None

3. (a) FULL NAME

Edward Frederick High

3. (b) Social Security Number

212-07-11324. Sex Male5. Color or race White6. (a) Single, married, widowed, or divorced Married6. (b) Name of husband or wife Lillian May High

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 22, 19078. AGE: Years 40 Months 11 Days 22 If less than one day

..... hrs. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)10. Usual occupation Carmen11. Industry or business B. & O. R.R.12. Name Edward F. High13. Birthplace Maryland14. Maiden name Johanna Lang15. Birthplace Maryland16. Informant Lillian May HighAddress 1322 Maple Ave. Arbutus17. Burial Date thereof 7-17-48
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Western CemeteryLocation Baltimore, Maryland18. Funeral director George J. SchuchAddress 2101 Henderson Ave. Balt., Md.19. 7/15 19 48 A. W. Hedrick
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 14, 1948 at 8:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 1, 1948 to 7/14/48 19 48and that I last saw him alive on 7/14/48 19 48Immediate cause of death Coronary occlusion

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

..... Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Benjamin Miller MD M. D. or otherAddress 2030 Wilkens Ave Date signed 7/15/48

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for addition of
date of death shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

FILE No. G 116 JUL 13 1948

CERTIFICATE OF DEATH

93d

06975

Reg. Dist. No. 30

1. PLACE OF DEATH:

County Beth. Co.
City or town Catonville Md
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 5 weeks
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State MD County BALTO
City or town Rockdale
(If outside city or town limits, write RURAL and give nearest town)
Street No. 3301 Rolling Rd.
(If rural, give LOCATION)
2(a) If veteran, name war

3. (a) FULL NAME

Martha M Hine

3. (b) Social Security Number

4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced widow

6. (b) Name of husband or wife
6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1/22/1861

8. AGE: Years 87 Months 6 Days If less than one day hrs. min.

9. Birthplace Maryland
(Town, county, and estate)

10. Usual occupation Domestic

11. Industry or business Home

12. Name Germany

13. Birthplace Germany

14. Maiden name Margaret Rhine

15. Birthplace Germany

16. Informant Mrs Verdie Popple

Address 3301 Rolling Rd Rockdale

17. Burial Burial Date thereof 7/7/48
(Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematorium St. Clare

Location Randlettown Md

18. Funeral director Edmund Macraft

Address Catonville Md

19. 7-7 19 48 V.E. Harry
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 4 19 48 at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 19 47 to July 4 19 48

and that I last saw him alive on July 4 19 48

Immediate cause of death Information of delay

Due to Thrombosis Cardiovascular

Due to Myocardial Arteriosclerosis

Other conditions malnutrition

Infantile Arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Means of injury Injured at work?

23. SIGNATURE Thor. J. Abbott M. D. or other

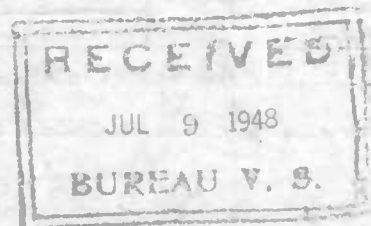
Address 4509 Liberty Ave Date signed 7-6-48

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

4509 Liberty Hight



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

06976

41

Reg. Dist. No.

1. PLACE OF DEATH:
County..... Balto.
City or town..... Turners Sta.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
Day Village Beach
How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State..... md. County..... Anne Arundel Co
City or town..... Annapolis
(If outside city or town limits, write RURAL and give nearest town)
Street No. 106 Clay St.
(If rural, give LOCATION)
2.(a) If veteran, name war.....

3. (a) FULL NAME
James Vernell Holland Jr.

3. (b) Social Security Number

4. Sex..... Male 5. Color or race..... Cal. 6. (a) Single, married, widowed, or divorced..... Single

6. (b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.) August 15, 1936

8. AGE: Years..... 11 Months..... 7 Days..... 6 It less than one day..... hrs. min.

9. Birthplace..... Baltimore, Md.

10. Usual occupation..... Student

11. Industry or business.....

12. Name..... Daniel Holland

13. Birthplace..... md.

14. Maiden name..... Lena Epstein

15. Birthplace..... md.

16. Informant..... Daniel Holland

Address..... 47 College Creek Ter., Annapolis, Md.

17. (Burial, cremation, or removal, Which?)..... Burial Date thereof..... July 25, 1948

Cemetery or crematory..... Brewer Hill

Location..... Annapolis, Md.

18. Funeral director..... Mrs. Charles E. Ficke

Address..... 45 Northwest St. Annapolis, Md.

19. JULY 21 1948 The Hon. M. Kelly Jr. (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... July 21, 1948 at 1:15 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19..... to..... 19.....

and that I last saw him..... alive on..... 19.....

Immediate cause of death.....

Due to..... Drowning

Due to..... accidental

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... accident Date of..... 7/21/48

Where did injury occur?..... Turners Sta. Balto Md

(City or town)..... (County)..... (State).....

Injured at home, farm, industry, public place (where?)..... Public place

Means of injury..... Drowning Injured at work?..... no

23. SIGNATURE..... St. M. Barmine M.D.

Address..... Baltimore, Md.

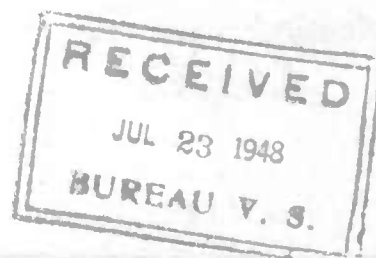
Date signed..... 7/21/48

MARGIN RESERVED FOR BINDING

9-45-15

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for change of MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

age shown on:

FILM No. G 116 JUL 16 1948

CERTIFICATE OF DEATH

164a

0697741

Reg. Dist. No.

1. PLACE OF DEATH:

County..... Baltimore

City or town..... Dundalk
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Baltimore

City or town..... Dundalk
(If outside city or town limits, write RURAL and give nearest town)Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

John Wesley Holland

3. (b) Social Security Number

4. Sex

M

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

none

7. Birth date of deceased (mo., day, yr.)

September 29th 1890

8. AGE:

Years

Months

Days

If less than one day

57 58

10

hrs.

min.

9. Birthplace

Bartow County, Georgia
(Town, county, and state)

10. Usual occupation

Electrician

11. Industry or business

FATHER
MOTHER

12. Name

Edward Holland

13. Birthplace

Bartow, Georgia

14. Maiden name

Fannie Taylor

15. Birthplace

Bartow County, Georgia

16. Informant

Wesley Bensfield

Address

247 St. Helene Avenue

17.

Burial

Date thereof

7-10-48
(month) (day) (year)

Cemetery or crematory

Location

Bedford, Georgia

18. Funeral director

Frederick D. Miller, Inc.

Address

3019 E. Monument Street

19.

7/7
(Date rec'd by registrar)

19

48 R. W. Hedrick
2a

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 6th 1948 at 9:30 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19

to

19

and that I last saw him alive on

19

Immediate cause of death

Strangulation by hanging

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Suicide

Date of

7/6/48

Where did injury occur?

DUNDALK-22, BALTO. MD
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Home

Means of injury

Hung Self from Door

Injured at work?

No

23. SIGNATURE

M. B. Davis M.D.
Asst. Med. Examiner, Baltimore
Address..... Dundalk, Md. Date signed 7/7/48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

06978

Reg. Dist. No. 14

1. PLACE OF DEATH:

County BaltimoreCity or town Fort Howard
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 11 Days

Hospital, institution, or street address where death occurred:

Vets. Adm. H. spital, Ft. Howard, MarylandHow long in hospital or institution? 11 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland CountyCity or town Baltimore
(If outside city or town limits, write RURAL and give nearest town)Street No. 697 Mulberry St.
(If rural, give LOCATION)2. (a) If veteran, name war WW I ✓

3. (a) FULL NAME

EDDIE M. HOLMES

3. (b) Social Security Number

Unknown

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
<u>Male</u>	<u>Colored</u>	<u>Widower</u>

6. (b) Name of husband or wife Widower

7. Birth date of deceased (mo., day, yr.)	8. (c) If alive, give age	years
<u>10-9-89</u>		

8. AGE:	Years	Months	Days	It less than one day
	<u>58</u>	<u>9</u>	<u>10</u>	hrs. min.

9. Birthplace Charlottesville, Va.
(Town, county, and state)10. Usual occupation Laborer

11. Industry or business

12. Name Moses Holmes13. Birthplace Virginia14. Maiden name Ella Jones15. Birthplace Virginia16. Informant Clinical Records, Vets. Adm. Hosp.Address Fort Howard, Maryland17. Burial Date thereof July 22, 1948
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory Baltimore National Cemetery
Baltimore, Md.

Location

18. Funeral director Charles R. LawAddress 802 Madison Ave., Bto., Md.19. July 22 19 48 A. W. Hedgcock
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 19, 1948, at 4:05 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 9, 1948, to July 19, 1948, and that I last saw him alive on July 19, 1948.

Immediate cause of death

Carcinoma, probably of the prostate, with metastases.

DURATION

Unknown

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

Signature

H.C. MANAUGH, M.D. Chief Pro. ServicesAddress VAH, Ft. Howard, Md. Date signed 7-19-48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and forcibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

06979

Reg. Dist. No. 31

1. PLACE OF DEATH:

County BaltimoreCity or town Harrisonville
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 3 mo

Hospital, institution, or street address where death occurred:

Liberty Road

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County BaltimoreCity or town Harrisonville
(If outside city or town limits, write RURAL and give nearest town)Street No. Liberty Road
(If rural, give LOCATION)

2.(c) If veteran, name war

3. (a) FULL NAME

Minnie Holzer

3. (b) Social Security Number

4. Sex

F

5. Color or race

W

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

7. Birth date of

deceased (mo., day, yr.) May 1st 1858

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

2230

hrs.

min.

9. Birthplace

Philadelphia Pa
(Town, county, and state)

10. Usual occupation

11. Industry or business

Retired

FATHER

12. Name

Charles Holzer

13. Birthplace

MOTHER

14. Maiden name

Magdalena Krause

15. Birthplace

16. Informant

Mrs. Katharina Schelhaus

Address

2817 Emerald Ave. Balto

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

7/23/48
(month) (day) (year)

Cemetery or crematorium

Location

18. Funeral director

Address

Jas. H. Herr & Sons
Belair Road & N. York Ave

19.

7/20/48

(Date rec'd by registrar)

19.

48

19.

48

19.

48

19.

48

19.

48

19.

48

19.

48

23. SIGNATURE

Wm. E. Martin

M. D. or other

Address BaltimoreDate signed 7/20/48

MEDICAL CERTIFICATION

20. DATE OF DEATH July 20, 1948 at 9 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 1st 1948 to June 10, 1948and that I last saw her alive on July 19, 1948

Immediate cause of death

Cardiovascular Disease

DURATION

Due to

Due to

Other conditions

Decompensation & fibrillation

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Wm. E. Martin

M. D. or other

Address BaltimoreDate signed 7/20/48

RECEIVED

AUG 2 1948

BUREAU T. S.

PLEASE WRITE PLAINLY, IN INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

06980

1. PLACE OF DEATH: Baltimore
 County.....
 City or town..... Catonsville
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 16 years, 11 months, 26 days
 Hospital, institution, or street address where death occurred:
Spring Grove State Hospital
 How long in hospital or institution? 16 years, 11 months, 26 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County.....
 City or town..... Baltimore
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 2320 E. Chase St.
 (If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (a) FULL NAME

Mary Hromadnik

3. (b) Social Security Number

4. Sex..... female 5. Color or race..... white 6. (a) Single, married, widowed, or divorced..... widowed
 6. (b) Name of husband or wife..... Frank Hromadnik
 7. Birth date of deceased (mo., day, yr.) 1880 6. (c) If alive, give age..... years
 8. AGE: Years..... Months..... Days..... If less than one day..... hrs. min.
68

9. Birthplace..... Bohemia
 (Town, county, and state)
 10. Usual occupation..... housewife
 11. Industry or business..... home
 12. Name..... James Matthews
 13. Birthplace..... Bohemia
 14. Maiden name..... Marie Matthews
 15. Birthplace..... Bohemia

16. Informant..... Hospital Records
 Address..... Catonsville 28, Md.
 17. Burial Date thereof..... July 26, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery..... Holy Redeemer
 Location..... 4430 Bolan Road
 18. Funeral director..... Schmunesch Funeral Home
 Address..... 2601-3-5 E. Madison St.
 19. 7/26 19 48
 (Date rec'd by registrar) Registrar.....

MEDICAL CERTIFICATION

20. DATE OF DEATH..... July 23 19 48 6:05 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 27 19 31 to July 23 19 48and that I last saw him/her alive on July 23 19 48

Immediate cause of death.....

Peritonitis

DURATION

24 hoursDue to..... Following laparotomy48 hoursDue to..... Acute intestinal obstruction12 hoursOther conditions..... Arteriosclerotic Heart
diseaseIndef.

(Include pregnancy within 3 months of death)

Major findings of operations.....

..... Date of op.

Autopsy results..... no

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, pub'c place (where?)

Means of injury.....

Injured at work?

23. SIGNATURE.....

Isadore Tuerk, M.D.
Catonsville 28, Md.

M. D. or other

Address..... Date signed..... 7/24/48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

06981

38

1. PLACE OF DEATH

(a) Baltimore City, Maryland

(b) Street address 2808 Glendale Ave.

(c) Hospital or institution: Parkville

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ind. (b) County

(c) City or town Baltimore County
(If outside city or town limits, write RURAL and give town)(d) Street No. 2808 Glendale Ave.
(If rural give location)(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME

Robert a. Hucks

3 (b) If veteran, name war

3 (c) Social Security Account
No.

4. Sex

Male

5. Color or race

White

6 (a) Single, married, widowed, or divorced

Married

6 (b) Name of husband or wife

Mrs. Viola E. Hucks

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

Oct. 26, 1880

8. AGE:

Years

Months

Days

If less than one day

67

6

21

hr.

min.

9. Birthplace

Savannah Georgia
(Town, county, and state)

10. Usual Occupation

Insurance Agent

11. Industry or business

FATHER

12. Name

Charles Hucks

13. Birthplace

Savannah Georgia

MOTHER

14. Maiden Name

Florence Unknown

15. Birthplace

Savannah - Georgia

16 (a) Informant

Mrs. Viola E. Hucks

(b) Address

2808 Glendale Ave.

17 (a)

(Burial, cremation, or removal)

Burial

(b) Date thereof

(c) Cemetery or crematory

Western Cem.

Location

Baltimore Ind.

18 (a) Funeral director

Mamie Cook Super

(b) Address

1600 W. North Ave.

19 (a)

(Date rec'd by registrar)

7-14-48 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 12, 1948, at 4:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from June 18, 1948, to July 12, 1948, and that I last saw him alive on July 11, 1948.

Immediate cause of death

Pulmonary Edema

Duration

36 hrs.

Due to Apoplexy

24 days

Due to Arterio-Sclerosis

Long

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature

Address 1901 Eutaw Place Date signed 7/13/48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

06982

Reg. Dist. No.

38

1. PLACE OF DEATH:

County BaltimoreCity or town Timonium

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

31 Belfast Road

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County BaltimoreCity or town Timonium

(If outside city or town limits, write RURAL and give nearest town)

Street No. 31 Belfast Road

(If rural, give LOCATION)

2.(a) If veteran, name war World War I

3. (a) FULL NAME

WALTER SPENCER HUFFMAN, SR.

3. (b) Social Security Number

212-18-05544. Sex Male5. Color or race White6. (a) Single, married, widowed, or divorced Married6. (b) Name of husband or wife Catherine Helen Clock7. Birth date of deceased (mo., day, yr.) August 23, 1887

6. (c) If alive, give age _____ years

8. AGE: Years 60 Months 11 Days 5 If less than one day _____ hrs. _____ min.9. Birthplace Raton, New Mexico

(Town, county, and state)

10. Usual occupation Public Relations Counsel11. Industry or business Self12. Name Dr. Oscar C. Huffman13. Birthplace Germany14. Maiden name Elizabeth Price15. Birthplace Virginia16. Informant Mrs. W. Spencer Huffman, Sr.Address 31 Belfast Rd., Timonium, Md.17. Cremation Date thereof July 30, 1948

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory Greenmount CrematoryLocation Baltimore, Maryland18. Funeral director John Burns' SonsAddress Towson, Maryland19. 7/30/48 Registrar

(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 28, 1948 at _____ M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 28, 1948 to _____ 19____and that I last saw him alive on Dead on arrival 19____Immediate cause of death Coronary Thrombosis

DURATION

2 wks

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?) _____

Means of Injury _____ Injured at work? _____

23. SIGNATURE Theodore E. Woodward

M. D. or other

Address 11 E. Chase St Date signed July 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH *Apartment - Baltimore*
County *H. H. Wilkens Ave. County*
City or town.....
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State.....
City or town.....
(If outside city or town limits, write RURAL and give nearest town)
Street No. *4010 Mulberry St*
(If rural, give LOCATION)
2.(a) If veteran, name war.....

3. (a) FULL NAME *Chas. William Nydock*
3. (b) Social Security Number *216-09-2769*

4. Sex *Male* 5. Color or race *White* 6. (a) Single, married, widowed, or divorced *Single*

6. (b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.) *1897 (?)* 8. (c) If alive, give age..... years

8. AGE: Years *56 (?)* Months Days It less than one day
hrs. min.

9. Birthplace.....
(Town, county, and state)

10. Usual occupation.....

11. Industry or business *Alan Construction Co*

12. Name.....

13. Birthplace.....

14. Maiden name.....

15. Birthplace.....

16. Informant *Mr Geo. Hehner*

Address *4010 E. Mulberry St.*

17. *None* Date thereof *July 16-48*
(Burial, cremation, or removal, When?) (month) (day) (year)

Cemetery or crematory *New Catholic*

Location *City - Old Federal Rd*

18. Funeral director *John R. Kennedy*

Address *Holaburg Rd #27*

19. *7-15-48* 19 *48* *R. W. Hedrick*
(Date reg'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH *July 14* 19 *48* at *10 P.* M?

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from *not seen alive* to *19*

and that I last saw him on *July 14* 19 *48*

Immediate cause of death *Hypertensive E-V. Disease 6 mo.?*

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations *None*

Date of op.....

Autopsy results *None*

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? *None* (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury *None* Injured at work?

23. SIGNATURE *Dr. A. D. Caples, Med. Exam* M. D. or other

Address *Reisterstown, Md.* Date signed *7-15-48*

4681
28
8761

Evidence for addition of MARYLAND STATE DEPARTMENT OF HEALTH

06984

Registrar's name shown on:

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County... Baltimore

City or town... Fort Howard, Maryland

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 19 days

Hospital, institution, or street address where death occurred:

VAH Fort Howard, Maryland

How long in hospital or institution? 19 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland

County... a.a.

City or town... Odenton

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war... Philippine Insurrection

3. (a) FULL NAME

ROBERT G. INGERSOLL

3. (b) Social Security Number

Unknown

4. Sex

Male

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Married

6.(b) Name of husband or wife... Emma Ingersoll

7. Birth date of

deceased (mo., day, yr.) 9/10/80

6.(c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

67

10

25

..... hrs. min.

9. Birthplace... Brockton, New York

(Town, county, and state)

10. Usual occupation... Unemployed

11. Industry or business

FATHER

12. Name Joseph Ingersoll

13. Birthplace England

MOTHER

14. Maiden name Emma Breda

15. Birthplace Sweden

16. Informant... Clinical Records, Vets. Adm. Hosp.

Address Fort Howard, Md.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof July 7, 1948

Cemetery or crematory... Epiphany Cemetery

Location... Odenton, Maryland

18. Funeral director... Thomas W. Singleton

Address Glen Burnie, Maryland

19. 19

(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 4 19 48 4:00 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 15 19 48 to July 4 19 48

and that I last saw him alive on July 4 19 48

Immediate cause of death... CARCINOMA OF THE

CECUM

DURATION

Unknown

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results... None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of Injury

Injured at work?

23. SIGNATURE

N. Burleson
N. BURLESON, M.D.

M. D. or other

Address... VAH FORT HOWARD, MARYLAND

Date signed

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUL 10 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 33

06985

1. PLACE OF DEATH:

County BaltimoreCity or town Centertown
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Int. Pleasant Banatorium
How long in hospital or institution? Since March 10, 1948

3. (a) FULL NAME

Jacob Smart

3. (b) Social Security Number

218-10-9398

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Eva Smart

7. Birth date of deceased (mo., day, yr.)

February 27, 19156. (c) If alive, give age 32 years

8. AGE:

Years 33 Months 5 Days 29 If less than one day
hrs. min.

9. Birthplace

Baltimore, Maryland
(Town, county, and state)

10. Usual occupation

Lumber clerk

11. Industry or business

Louis Smart

MOTHER FATHER

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Eva Smart
2019 East Baltimore St.

17.

(Burial, cremation, or removal, Which?) Date thereof 7-27-48
(month) (day) (year)

Cemetery or crematory

Rosedale
Phila Rd & Hamilton Ave

18. Funeral director

Jack Lewis & Co
2100 Eutaw Place

19.

(Date rec'd by registrar)

7-26-48 AW Hedrick Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Maryland

County

City or town

Baltimore
(If outside city or town limits, write RURAL and give nearest town)

Street No.

2019 East Baltimore Street
(If rural, give LOCATION)

2. (a) If veteran, name war

MEDICAL CERTIFICATION

20. DATE OF DEATH July 26, 1948, at 12 30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 10, 1948, to July 26, 1948and that I last saw him alive on July 26, 1948

Immediate cause of death

Myocardial Collapse

DURATION

Due to

Primary Tuberculosis5 months

Due to

Tuberculosis Meningitis7 weeks

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

T. Quotner MD
Centertown, Ind.

M. D. or other

Data signed 7/26/48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 40

1. PLACE OF DEATH:

County Balto.City or town Barney
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Harford Rd., 2 miles N. Joppa Rd.

How long in hospital or institution?

3. (a) FULL NAME

Julius Wm. Jenkins

4. Sex

male

5. Color or race

white

6. (a) Single, married, widowed, or divorced

single

6. (b) Name of husband or wife

7. Birth date of

deceased (mo., day, yr.)

Jan. 28th, 1928

6. (c) If alive, give age..... years

8. AGE:

Years
20Months
5Days
11

If less than one day

hrs.

min.

9. Birthplace Baltimore County, Md.
(Town, county, and state)10. Usual occupation Pipe Coverer

11. Industry or business

12. Name Roy L. Jenkins13. Birthplace Va.14. Maiden name Gertrude Alder15. Birthplace Baltimore, Md.16. Informant Mr. Roy L. JenkinsAddress Summit Ave., & Hilltop Drive17. burial Date thereof 7/13/48
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory ParkwoodLocation Baltimore, Md.18. Funeral director Lassahn Funeral HomeAddress 7401 Belair Rd.

19. (Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County BaltoCity or town Towson # 6 R. F. D.
(If outside city or town limits, write RURAL and give nearest town)Street No. Summit Ave
(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

214-26-7776

MEDICAL CERTIFICATION

20. DATE OF DEATH July 9, 1948, at 9:55 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 9, 1948, to 19.....and that I last saw him alive on 19.....

Immediate cause of death

fracture base skullcrushed lower jawDue to fractured neckDue to craniocervical vertebrae

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of July 9, 1948Where did injury occur? Harford Rd. Balto. Md
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) Public RoadMeans of injury Auto & motor cycle Injured at work? NO

23. SIGNATURE

Wm. Carmonie M.D.
Reg. Medical Examiner
Address Balto. Co. Dunbar Ave Date signed 7/9/48

RECEIVED

JUL 16 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 37

06987

1. PLACE OF DEATH:

County BaltimoreCity or town Texas
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 3 days

Hospital, institution, or street address where death occurred:

Baltimore County HomeHow long in hospital or institution? 3 days

3. (a) FULL NAME

Jessie Giles

3. (b) Social Security Number

499-14-73534. Sex male5. Color or race col.6. (a) Single, married, widowed, or divorced Separated6. (b) Name of husband or wife Della McCuley

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) 3/10/688. AGE: Years 80 Months 3 Days 26 If less than one day _____ hrs. _____ min.9. Birthplace Bethney Alabama
(Town, county, and state)10. Usual occupation Farm Labour

11. Industry or business

12. Name Neile Giles13. Birthplace Alabama14. Maiden name Martha M. C. K. Nesting15. Birthplace Alabama16. Informant Baltimore County Home RegistrarAddress Texas, Maryland17. Burial Date there July 8 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Baltimore County Home Cem.Location Texas, Md.18. Funeral director London M. BrooksAddress Spark's, Md.19. 7/8 1948 Wm. J. Chilcoat
(Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County BaltimoreCity or town Cockeysville
(If outside city or town limits, write RURAL and give nearest town)Street No. York Road

(If rural, give LOCATION)

2. (a) If veteran, name war _____

MEDICAL CERTIFICATION

20. DATE OF DEATH July 6 1948, at 630 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

7/3 1948 to 7/6 1948and that I last saw him alive on 7/6 1948

Immediate cause of death _____

Myocarditis -Due to Chronic Nephritis -

Due to _____

Other conditions Oedema -

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Wilmer C. Evers M.D.Address Cockeysville Md. Date signed 7/7/48

M. D. or other _____

RECEIVED

JUL 13 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 836

1. PLACE OF DEATH:

- (a) Baltimore ~~City~~, Maryland
(b) Street address Clark Lane- Mt. Washington
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Clark Lane-Mt. Washington
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME

George B. Joyner

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex

Male

5. Color or race

Colored

6 (a) Single, married, widowed, or divorced.

Married

6 (b) Name of husband or wife Vinnie Joyner

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 17, 18998. AGE: Years Months Days If less than one day
49 5 14 13 hr. min.9. Birthplace Mc Tyre, Georgia

(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER

12. Name Jessie Joyner13. Birthplace Georgia

MOTHER

14. Maiden Name Laura A. Joyner15. Birthplace Georgia16 (a) Informant Mrs. Vinnie Joyner(b) Address Clark Lane17 (a) Burial (b) Date thereof Aug. 3, 1948

(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary
Location Baltimore, Maryland18 (a) Funeral director Charles R. Law(b) Address 802 Madison Avenue19 (a) Date of death Aug 2, 1948 (b) Wilmington, Delaware Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 30, 1948, at 10:12 P21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 27, 1948, to July 30, 1948, and that I last saw him alive on July 28, 1948

Immediate cause of death

Cerebral Thrombosis

Duration

4 days

Due to

Due to

Other Conditions

Right Side
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature Dr. Henderson M. D.
Address 612 Edmonstone Ave Date signed 8-1-48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:

County Baltimore
 City or town Catonsville
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 1 month, 28 days
 Hospital, institution, or street address where death occurred:
Spring Grove State Hospital
 How long in hospital or institution? 1 month, 28 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County
 City or town Baltimore
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 342 Holliday Street
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Clarence Roy Keefer

3. (b) Social Security Number

4. Sex male 5. Color or race white 6. (4) Single, married, widowed, or divorced married

6. (b) Name of husband or wife Jessie Kling

7. Birth date of deceased (mo., day, yr.) July 3, 1898 6. (c) If alive, give age 45 years

8. AGE: Years 50 Months 2 Days 7 If less than one day hrs. min.

9. Birthplace Hagerstown, Maryland
(Town, county, and state)10. Usual occupation Painter11. Industry or business Painting12. Name Elisaon Keefer13. Birthplace Indian Springs, Maryland14. Maiden name Bessie Dreury15. Birthplace Indian Springs, Maryland16. Informant Hospital recordsAddress Catonsville-28, Maryland

17. Burial Burial Date thereof August 20, 1948
 (Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Spring Grove State HospitalLocation Catonsville-28, Maryland18. Funeral director Spring Grove State HospitalAddress Catonsville 28, Maryland

19. 8-20 48 VE. Harry
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 10 19 48 at 9:55 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to 19 and that I last saw him not seen alive alive on 19

Immediate cause of death Asphyxia (aspirated vomit) DURATION 20 min.

Subdural (D.D. Caples, per I. Tuerk)
 Due to Subarachnoid hemorrhage 7 hrs
(fell & bumped head)

Due to
 Other conditions C. 5. Erythema 1 yr. Est.

(Include pregnancy within 3 months of death)

Major findings of operations None
Subdural (D.D. Caples, per I. Tuerk) Date of op.

Autopsy results Subarachnoid hemorrhage
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of July 9, 1948

Where did injury occur? Spring Grove Hosp. - Balt. Ind.
 (City or town) (County) (State)

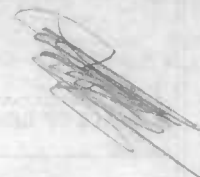
Injured at home, farm, industry, public place (where?) Sta. Hosp. (Spr. G.)

Means of injury Dropped on sheet Injured at work? No.
he fell.

23. SIGNATURE Dr. D. D. Caples Med. Exam.
 M. D. or other

Address Riverton, Ind. Date signed 7-12-48

CERTIFICATE OF DEATH



RECEIVED
AUG 23 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

06990

44

1. PLACE OF DEATH:

County Baltimore
City or town Fort Howard
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 5 Days
Hospital, institution, or street address where death occurred:
Vets. Adm. Hospital, Ft. Howard, Maryland
How long in hospital or institution? 5 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County _____
City or town Baltimore
(If outside city or town limits, write RURAL and give nearest town)
Street No. None given
(If rural, give LOCATION)
2.(a) If veteran, name war _____

3. (a) FULL NAME

WILLIAM A. KELLERMAN

3. (b) Social Security Number

Unknown

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Single
6.(b) Name of husband or wife Single
7. Birth date of deceased (mo., day, yr.) 10-22-1899 6.(c) If alive, give age _____ years
8. AGE: Years 48 Months 9 Days 2 If less than one day _____ hrs. _____ min.

9. Birthplace Philadelphia, Pa.
(Town, county, and state)
10. Usual occupation Unemployed
11. Industry or business _____
12. Name Charles Kellerman
13. Birthplace Philadelphia, Pa.
14. Maiden name Matilda Lang
15. Birthplace Pennsylvania

16. Informant Clinical Records, Vets. Adm. Hosp.
Address Fort Howard, Maryland

17. Removal Date thereof 7-25-48
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory New St. Marys Cemetery
Thomas J. Danks
Location White Horse Pike, Stone Rd., Laurel
18. Funeral director Howard N. Blight Springs, N.J.
Address 6009 Harford Rd., Balto., Md.

19. July 29 1948 Dawson T. Parker
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 24, 1948 17:58 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 19, 1948 to July 24, 1948 and that I last saw him alive on July 24, 1948

Immediate cause of death CIRRHOSIS OF LIVER DURATION Unknown

Due to Unknown

Due to _____

Other conditions None

(Include pregnancy within 8 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results Substantiated Above
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Manner of injury Gun Injured at work? _____

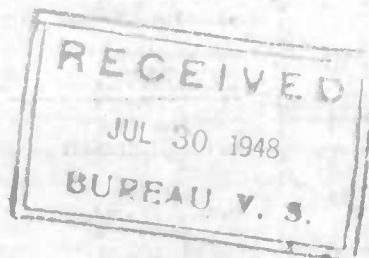
23. SIGNATURE W. H. Clark M. D. or other _____

Address V&H Fort Howard, Md. Date signed 7-24-48

MARGIN RESERVED FOR BINDING

VS A15 9-45-1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 06991 38

1. PLACE OF DEATH:

County BaltimoreCity or town Stoneleigh
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 6 yearsHospital, institution, or street address where death occurred:
6905 Marlborough Road

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County BaltimoreCity or town Stoneleigh
(If outside city or town limits, write RURAL and give nearest town)Street No. 6905 Marlborough Road
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Rosa May King

3. (b) Social Security Number

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 13th, 1887

8. AGE: Years Months Days If less than one day

60 10 23 hrs. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)10. Usual occupation At home

11. Industry or business

12. Name Alonzo J. King13. Birthplace Baltimore, Md.14. Maiden name Ada V. Reynolds15. Birthplace Baltimore, Md.16. Informant Mrs. EspeyAddress 6905 Marlborough Rd.17. Burial Date thereof July 9, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Druid RidgeLocation Pikesville, Md.18. Funeral director E. Vernon LemanAddress 4611 Park Heights Ave.19. July 7, 1948 A. W. Hedrick
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 6th 19 48, at 1:20 A. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 6-28 19 48, to 7-5 19 48
and that I last saw her alive on 7-5 19 48

Immediate cause of death

Carcinoma of Lung -
General Metastases
Due to Primary carcinoma of
breast 5 years ago.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE R. D. Sellman MDAddress 600 Bldg. University of Maryland M. D. or other
Date signed Jul 6 1948

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. xx

1. PLACE OF DEATH:

County BaltimoreCity or town Fort Howard
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 1 Days

Hospital, institution, or street address where death occurred:

Vets. Adm. Hospital, Fort Howard, MarylandHow long in hospital or institution? 1 Day

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County City or town Baltimore
(If outside city or town limits, write RURAL and give nearest town)Street No. 1318 Windemere Avenue

(If rural, give LOCATION)

WW-22. (a) If veteran, name war WW-2

3. (a) FULL NAME

PAUL K. KLAESIUS

3. (b) Social Security Number

Unknown

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married6. (b) Name of deceased's wife Mabel Klaesius6. (c) If alive, give age 43 years7. Birth date of deceased (mo., day, yr.) 9-4-1899

8. AGE:

Years

Months

Days

If less than one day

481016

hrs.

min.

9. Birthplace Baltimore, Md.
(Town, county, and state)10. Usual occupation Candy Corporation

11. Industry or business

12. Name Carl Klaesius13. Birthplace Lorraine, France14. Maiden name Amelia Wagner15. Birthplace Baltimore, Md.18. Informant Clinical Records, Vets. Adm. Hosp.
Address Fort Howard, Maryland17. Burial Date thereof 7-23-48
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Baltimore National Cemetery
Baltimore, Maryland

Location

18. Funeral director Leonard J. Ruck
Address Baltimore, Md.19. 7/23 19 48
(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 20, 19 48 at 11:55 P.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 19, 19 48 to July 20, 19 48and that I last saw him alive on July 20, 19 48

Immediate cause of death

Infarct, brain stem

DURATION

2 Days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results Substantiated above.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE RTP H.C. MANAUGH
H.C. MANAUGH, M.D. Chief Pro. Services
Address VAH, Ft. Howard, Md. Date signed 7-21-48

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

06993

80

1. PLACE OF DEATH:

County BaltimoreCity or town Catonsville, Maryland
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution? Home

3. (a) FULL NAME

Grace Knickman

3. (b) Social Security Number

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed6. (b) Name of husband or wife Frederick

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

May 16, 1866

8. AGE:

Years

Months

Days

If less than one day

82119

hrs.

min.

9. Birthplace Baltimore

(town, county, and state)

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name Louis Jones13. Birthplace Baltimore14. Maiden name Mary Dixon15. Birthplace Baltimore16. Informant Mr. James L. JonesAddress 5921 Montgomery Road17. Burial (Burial, cremation, or removal, Which?)Date thereof July 7, 1948
(month, day, year)Cemetery or crematory Loudon Park CemeteryLocation Baltimore, Maryland18. Funeral director Wm. Cook, Inc.Address 1217 St. Paul Street19. 7/6/48 (Date registered by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County BaltimoreCity or town Catonsville
(If outside city or town limits, write RURAL and give nearest town)Street No. 5921 Montgomery Road
(If rural, give LOCATION)

2. (a) If veteran, name war

-

MEDICAL CERTIFICATION

20. DATE OF DEATH July 4 19 48 at 5:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 29 19 48 to July 4 19 48
and that I last saw OR alive on June 25 19 48

Immediate cause of death

Cerebral hemorrhage

DURATION

9 daysDue to arteriosclerosis,generalized, cerebraUnknown

Due to

Other conditions Hemiplegia, left.8 days

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Stephen Lee Magness M.D.
Address Catonsville, Md Date signed 7-5-48

MARGIN RESERVED FOR BINDING

9-45

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No. 44

1. PLACE OF DEATH:

County BALTOCity or town ESSEX
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County BALTOCity or town ESSEX
(If outside city or town limits, write RURAL and give nearest town)Street No. 1414 EASTERN AVE RD
(If rural, give LOCATION)

2(a) If veteran, name war

3. (a) FULL NAME

LENA. A KRAFT

3. (b) Social Security Number

4. Sex

FEM

5. Color or race

WHITE

6. (a) Single, married, widowed, or divorced

WIDOW

6. (b) Name of husband or wife

CASPER KRAFT

7. Birth date of

deceased (mo., day, yr.)

MARCH 15 - 1876

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

72

hrs.

min.

9. Birthplace

BALTO MD

(Town, county, and state)

10. Usual occupation

HOUSE WORK

11. Industry or business

AT HOME

FATHER

12. Name

ANTHONY. PUNTE

13. Birthplace

FRANCE

MOTHER

14. Maiden name

NOT KNOWN.

15. Birthplace

"

16. Informant

KATHERINE HENDERSON

Address

1414 EASTERN AVE RD

17.

(Burial, cremation, or removal, Which?)

Date thereof

7-28-48
(month) (day) (year)

Cemetery or crematory

HOLY REDEEMER

Location

BEHAIR. RD

18. Funeral director

Bernard C. Hinkle

Address

121 E WEST ST

19.

(Date filed by registrar)

7/26 1948 New Bedford
MD Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH JULY - 25 1948 at 4:15 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

August 1946 to July 25 1948and that I last saw h. a. a. alive on July 25 1948 19

Immediate cause of death

Cardiac failureHypertensive heart diseaseHYPERTENSION

DURATION

2 yrs15/30/48 also2 yrs

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Thomas A. Hinkle MD

M. D. or other

Address

815 Eastern AveDate signed 7/26/48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for change of age MARYLAND STATE DEPARTMENT OF HEALTH

shown on:

2411 N. Charles St., Baltimore

FILM NO. G 116 AUG 11 1948 CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH:

County BaltimoreCity or town Phila Rd.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State California County BerkeleyCity or town Berkeley California
(If outside city or town limits, write RURAL and give nearest town)Street No. 942
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

JAMES Edgar Lindsey

3. (b) Social Security Number

4. Sex

M.

5. Color or race

W.

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Emma

7. Birth date of deceased (mo., day, yr.)

Sept 24 - 1907

8. AGE:

Years

Months

Days

If less than one day

40hrs.min.

9. Birthplace

Tallahassee, Florida
(Indicate county, if in state)

10. Usual occupation

Shooting Business

11. Industry or business

FATHER

12. Name

13. Birthplace

MOTHER

14. Maiden name

15. Birthplace

16. Informant

Address

17.

(Burial, cremation, or removal. Which?)

Date thereof

(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19.

(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 23 19 48 at 3:15 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

.....19..... to.....19.....

and that I last saw him.....alive on.....19.....

Immediate cause of death.....

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

.....Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? road (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE M. B. Davis M.D.Address Quindale-rv-1 Date signed 7/24/48

RECEIVED

AUG 5 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

06996

Reg. Dist. No. 44

1. PLACE OF DEATH:

County BaltimoreCity or town Edgemere
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 2 Days

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Roldie H. (Clark) Littleton

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widow6. (b) Name of husband or wife Walter D. Littleton7. Birth date of deceased (mo., day, yr.) Feb. 12, 1871 6. (c) If alive, give age _____ years8. AGE: Years 77 Months 4 Days 23 If less than one day _____ hrs. _____ min.9. Birthplace Caroline Co., Md.
(Town, county, and state)10. Usual occupation at home

11. Industry or business

12. Name John George13. Birthplace Myrna, Del.14. Maiden name Elizabeth 15. Birthplace Myrna, Del.16. Informant Robert C. Clark (son)Address 3010 Cedarcrest Ave., Edgemere, Md.17. Burial = Date thereof Thurs. July 8, 1948
(Burial, cremation, or removal Which?) (month) (day) (year)Cemetery or crematory Cedar Hill Cem.Location A. A. Co., Md.18. Funeral director B. Howard EvansAddress 1400 S. Charles St. Baltimore, Md.19. July 6, 1948 A. W. McDaniel
(Date rec'd by registrar) (Signature) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County _____City or town Baltimore
(If outside city or town limits, write RURAL and give nearest town)Street No. 1333 S. Charles St.
(If rural, give LOCATION)

2. (a) If veteran, name war _____

MEDICAL CERTIFICATION

20. DATE OF DEATH Mon. July 5, 1948 at 11:40 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____ 19____, to _____ 19____

and that I last saw him _____ alive on _____ 19____

Immediate cause of death ① Myocardial Cardiac - Vascular② Hypertension③ Chronic Myocarditis

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

MEDICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE M. B. Davis M.D.Address 1400 S. Charles St. Baltimore, Md.Date signed 7/6/48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 06997 41

1. PLACE OF DEATH:

County Baltimore
 City or town Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 17 days
 Hospital, institution, or street address where death occurred:
Vets. Adm. Hospital, Ft. Howard, Maryland
 How long in hospital or institution? 17 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Balto
 City or town Towson
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 400 Virginia Avenue
 (If rural, give LOCATION)
 2.(a) If veteran, name war WW-I

3. (a) FULL NAME

DANIEL LOGAN

3. (b) Social Security Number

Unknown

4. Sex Male 5. Color or race Colored 8.(a) Single, married, widowed, or divorced Single

6.(b) Name of husband or wife Single

7. Birth date of deceased (mo., day, yr.) April 8, 1885 8.(c) If alive, give age _____ years

8. AGE: Years 63 Months 3 Days 3 If less than one day _____ hrs. _____ min.

9. Birthplace Richmond, Virginia
(Town, county, and state)10. Usual occupation Construction work

11. Industry or business

12. Name Samuel Logan13. Birthplace Virginia14. Maiden name Emma Giles15. Birthplace Virginia16. Informant Clinical Records, Vets. Adm. Hosp.Address Fort Howard, Maryland

17. Burial Date thereof July 16, 1948
 (Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Richmond National Cemetery
Richmond, Va.

Location

18. Funeral director Charles R. LawAddress 802 Madison Ave., Balto., Md.

19. 7-13-48 19 48
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 11 1948, at 9:20 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
June 24 1948, to July 11 1948
 and that I last saw him alive on July 11 1948

Immediate cause of death PULMONARY TUBERCULOSIS DURATION Unknown

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results Substantiated above.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE H.C. MANAUGH

H.C. MANAUGH, M.D. Chief Prob. Ser.

Address VAH, Ft. Howard, Md. Date signed 7-12-48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE OF DEATH

I. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

3 (a) FULL NAME

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex

5. Color or race

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE:

Years

Months

Days

If less than one day

9. Birthplace

10. Usual Occupation

11. Industry or business

12. Name

13. Birthplace

14. Maiden Name

15. Birthplace

16 (a) Informant

(b) Address

17 (a)

(Burial, cremation, or removal)

(b) Date thereof

(month) (day) (year)

(c) Cemetery or crematory

Location

18 (a) Funeral director

(b) Address

19 (a)

(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE OF DECEASED:

(a) State

(b) County

(c) City or town

(If outside city or town limits, write RURAL, and give town)

(d) Street No.

(If rural give location)

(e) Citizen of foreign country?

(Yes or No)

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH

21 July 1948

at 2:05 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 20 July 1948, to July 24 1948, and that I last saw him alive on 24 July 1948.

Immediate cause of death

Cardiac and respiratory failure due to cerebral hemorrhage

Due to coronary atherosclerosis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

at M

(c) Where did injury occur?

(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place?

While at work?

(Specify type of place)

(e) Means of injury

23. Signature

Address

Date signed

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

93d

168999
44

Reg. Dist. No.

1. PLACE OF DEATH: County... <u>Baltimore</u> City or town... <u>Sparrow's Point</u> (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?... <u>25 years</u> Hospital, institution, or street address where death occurred: <u>605 E Street</u> How long in hospital or institution?.....				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State... <u>Maryland</u> County... <u>Baltimore</u> City or town... <u>Sparrow's Point</u> (If outside city or town limits, write RURAL and give nearest town) Street No... <u>605 E. Street</u> (If rural, give LOCATION) 2.(a) If veteran, name war.....			
3. (a) FULL NAME <u>Bertha May Mahaney</u>				3. (b) Social Security Number			
4. Sex <u>Female</u>		5. Color or race <u>White</u>		6. (a) Single, married, widowed, or divorced <u>Married</u>			
6. (b) Name of husband or wife <u>William E. Mahaney</u>				6. (c) If alive, give age years			
7. Birth date of deceased (mo., day, yr.) <u>September 27, 1876</u>				8. AGE: Years <u>71</u> Months <u>10</u> Days <u>4</u> If less than one dayhrs.min.			
9. Birthplace <u>York, Pennsylvania</u> (Town, county, and state)				10. Usual occupation <u>Housewife</u>			
11. Industry or business <u>V-----</u>				12. Name <u>John T. Lang</u>			
13. Birthplace <u>Pa.</u>				14. Maiden name <u>Elizabeth F. Horn</u>			
15. Birthplace <u>Pa.</u>				16. Informant <u>William E. Mahaney</u> Address <u>605 E St. Sparrows Pt.</u>			
17. Burial (Burial, cremation, or removal. Which?) <u>Burial</u> Date thereof... <u>Aug. 3, 1948</u> (month) (day) (year) Cemetery or crematory... <u>Oaklawn Cemetery</u> <u>7225 Eastern Ave.</u> Location... <u>Roland L. Fisher</u>				18. Funeral director <u>2112 Dundalk Ave. Dundalk-22, Md.</u> Address			
19. Aug 2 - 48 (Date rec'd by registrar)				20. DATE OF DEATH <u>July 31</u> 19 <u>48</u> at <u>10 30</u> A. M. 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from <u>June 1 - 1948</u> to <u>July 31 - 1948</u> and that I last saw him/her alive on <u>July 31 - 1948</u> Immediate cause of death... <u>Congestive heart failure</u> Due to... <u>Chronic Cardio-vascular disease</u> Due to... Other conditions... (Include pregnancy within 3 months of death) Major findings of operations... Date of op. Autopsy results... PHYSICIAN: Please underline the cause to which death should be charged statistically.			
22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide... Date of... Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury Injured at work?				23. SIGNATURE <u>Dawson L. Harbor, M.D.</u> Address <u>Charmis Point, Md.</u> Date signed <u>8/2/48</u> M. D. or other			

RECEIVED

AUG 4 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:

County BaltimoreCity or town Catonsville, Maryland
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 4 yrs. 5 mos. 5 days

Hospital, institution, or street address where death occurred:

Spring Grove State HospitalHow long in hospital or institution? 4 yrs. 5 mos. 5 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County HoweCity or town Edgewood
(If outside city or town limits, write RURAL and give nearest town)Street No. 31 Fern Street

(If rural, give LOCATION)

2.(a) If veteran, name war ☒

3. (a) FULL NAME

Catherine E. McCloskey

3. (b) Social Security Number

4. Sex

F

5. Color or race

W

6.(a) Single, married, widowed, or divorced

Widowed6.(b) Name of husband or wife William Charles McCloskey7. Birth date of deceased (mo., day, yr.) February 9, 18766.(c) If alive, give age 72 years8. AGE: Years 72 Months 4 Days 27 If less than one day hrs. min.9. Birthplace Baltimore, Maryland
(Town, county, and state)10. Usual occupation Housewife11. Industry or business Domestic12. Name Paul Limebach13. Birthplace Germany14. Maiden name Katherine Miller15. Birthplace Germany16. Informant Hospital recordsAddress Catonsville-28, Maryland17. Burial Date thereof 7/10/48
(Burial, cremation, or removal, which?) (month) (day) (year)Cemetery or crematory CathedralLocation Balto. Md.18. Funeral director William Cook Inc.Address 1217 St. Paul St19. July 8 19 48 a. w. Hedgcock
(Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 6 19 48 at 5:15 p.m.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 1 19 44 to July 6 19 48 and that I last saw her alive on July 6 19 48Immediate cause of death Pneumonia, right lower lobe DURATION 2 days
[9/1/48 obs.]Due to Cerebral vascular accident 14 daysDue to Hypertensive CVD. Indef.

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results No Post

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Drum head Injured at work?23. SIGNATURE Isadore Therk, M.D. M. D. or otherAddress Catonsville-28, Maryland Date signed 7/6/48

MARGIN RESERVED FOR BINDING

VS A15

9-45-1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct page is especially important. Physicians: please write the causes of death clearly and legibly.

07000

108

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Indicate correct age in correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07001

131a

Reg. Dist. No. 30

1. PLACE OF DEATH:

County Baltimore
 City or town Catonsville, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 16 days
 Hospital, institution, or street address where death occurred:
Spring Grove State Hospital
 How long in hospital or institution? 16 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County St. Mary's
 City or town Great Mills
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Grover C. McConnell

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married
 6.(b) Name of husband or wife Hettie Harris
 6.(c) If alive, give age 57 years
 7. Birth date of deceased (mo., day, yr.) May 19, 1885
 8. AGE: Years 63 Months 2 Days 3 If less than one day _____ hrs. _____ min.

9. Birthplace Scott Co., Virginia
 (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business _____

12. Name George McConnell
 13. Birthplace Virginia
 14. Maiden name Mary Smith
 15. Birthplace Virginia

16. Informant Hospital Records
 Address Catonsville-28, Maryland

17. Burial Date thereof 7 48
 (Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Graveside Mills
 Location Cochran Va

18. Funeral director Frank H. Self
 Address 814 W 36 St

19. 7-22 19 48 VE Harris
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 22 19 48 at 9:35 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 6 19 48 to July 22 19 48
 and that I last saw him alive on July 22 19 48

Immediate cause of death Pulmonary Edema DURATION 12 hrs.

Due to Arteriosclerotic Heart Disease Indef.

Due to Chronic Interstitial Nephritis Indef.

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

_____ Date of op. _____

Autopsy results As Above

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

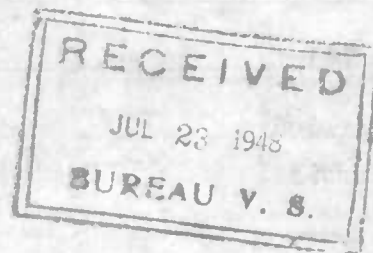
Where did injury occur? _____
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE _____ M. D. or other

Address Spring Grove State Hosp. Date signed July 22, 1948
Catonsville, Md.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07002

Reg. Dist. No. 43

1. PLACE OF DEATH:

County Baltimore
City or town Raspeburg, Md.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 16 years
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Baltimore
City or town Raspeburg, Md.
(If outside city or town limits, write RURAL and give nearest town)
Street No. 7006 Willowdale Ave.
(If rural, give LOCATION)
2. (a) If veteran, name war

3. (a) FULL NAME

JOHN McCULLOUGH

3. (b) Social Security Number

4. Sex male 5. Color or race white 6. (a) Single, married, widowed, or divorced married

6. (b) Name of husband or wife Daisy Maloney McCullough
6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 29th, 1894

8. AGE: Years 54 Months 23 Days hrs. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual occupation Assistant Cashier

11. Industry or business U.E.C. Board

FATHER 12. Name David McCullough
13. Birthplace Baltimore, Md.

MOTHER 14. Maiden name Katherine White
15. Birthplace Baltimore, Md.

16. Informant Mrs. John McCullough
Address 7006 Willowdale Ave.

17. burial Date thereof 7/26/48
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Parkwood
Location Baltimore, Md.

18. Funeral director Lassahn Funeral Home
Address 7401 Belair Rd.

19. July 23 19 48 Mo. H. L. Rasmussen
(Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 22nd, 1948 at 1:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 3 1948 to July 22 1948
and that I last saw him alive on July 16 1948

Immediate cause of death coronary Thrombosis
arterial Hypertension
Due to arterio-sclerosis

Other conditions
Due to
Major findings of operations
Date of op.

(Include pregnancy within 3 months of death)
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

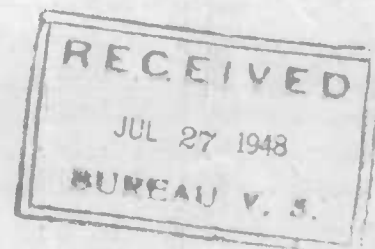
23. SIGNATURE Forrest K. Freeman M. D. or other
Address 722 W. Howard Date signed July 23/48

MARGIN RESERVED FOR BINDING

I

VS A15 9-45-15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07003

93d

Reg. Dist. No. 30

Evidence for change of birth date shown on:

FIM No. 6-115 AUG 9 - 1948

1. PLACE OF DEATH:

County Baltimore
 City or town Ellicott City, Md.
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 56 years

Hospital, institution, or street address where death occurred

Westchester Ave.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Baltimore

City or town Ellicott City, Md.

(If outside city or town limits, write RURAL and give nearest town)

Street No. Oella Ave. + Fred Road

(If rural, give LOCATION)

2.(a) If veteran name war None

3. (a) FULL NAME

Mary A. McDonald

3. (b) Social Security Number

None4. Sex Female5. Color or race White6. (a) Single, married, widowed or divorced Widow6. (b) Name of husband or wife Edward B. McDonald6. (c) If alive, give age years7. Birth date of deceased (mo., day, yr.) Feb. 27, 1858/18698. AGE: Years 89 Months 4 Days 29 If less than one day

hrs. min.

9. Birthplace Maryland

(Town, county, and state)

10. Usual occupation Strike Operator11. Industry or business Own Business12. Name John Raeder13. Birthplace Germany14. Maiden name Mary Meikle15. Birthplace Germany16. Informant Mrs. S. J. Popejoy Sr.Address Ellicott City, Md.17. Burial (Burial, cremation, or removal. Which?) BurialDate thereof July 29, 1948

(month) (day) (year)

Cemetery or crematory New CathedralLocation Baltimore, Md.18. Funeral director Easton SonsAddress Ellicott City, Md.19. 7-28 19 48 V.E. Harry

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH July 26, 1948 at 1:55 P.M.

2E. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him alive on July 25, 1948

Immediate cause of death

6 brain infarctionsDue to Arteriosclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, pub'c place (where?)

Means of injury

Injured at work?

23. SIGNATURE Ellicott City, Md.

Address

Date signed 7/29/48

M. D. or other



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 070030

1. PLACE OF DEATH:

(a) Baltimore ~~City~~, Maryland Edmondson Ave
(b) Street address Edmondson Ave
(c) Hospital or institution: Good S. Sanitarium
(d) Length of stay in hospital or inst. (yrs., mos., or days) _____
(e) Length of stay in Baltimore (yrs., mos., or days) _____

2. USUAL RESIDENCE OF DECEASED:

(a) State MD (b) County Balt
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 42 Prospect Ave
(If rural give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3 (a) FULL NAME

Ada J. Mercer

3 (b) If veteran, name war

5 (c) Social Security Account No. _____

4. Sex F 5. Color or race W 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Robert
6 (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) Feb 29 1856

8. AGE: Years 92 Months 4 Days 27 If less than one day _____ hr. _____ min.

9. Birthplace Virginia
(Town, county, and state)

10. Usual Occupation None

11. Industry or business _____

12. Name Shelton Major

13. Birthplace Pa

14. Maiden Name Lucy Branton

15. Birthplace Pa

16 (a) Informant Don Don Gielon

(b) Address 42 Prospect Ave

17 (a) Removal (b) Date thereof 7-28-48
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Harmony Grove Va
Location _____

18 (a) Funeral director Samuel A. Taylor

(b) Address Centerville

19 (a) 7/28/48 (b) J.E. Harris
(Date rec'd by registrar) (Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 27 1948, at 4:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 21 1948 to July 27 1948, and that I last saw him alive on July 23 1948.

Immediate cause of death Chronic myocarditis
Duration about 2 years

Due to Generalized arteriosclerosis unknown

Due to _____

Other Conditions _____

(Include pregnancy within 3 months of death)

Date of operation _____

Major findings of operation: _____

of autopsy: _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide _____

(b) Date of occurrence _____ at _____ M

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? _____ While at work? _____

(Specify type of place)

(e) Means of injury _____

23. Signature for J. Gower M. D.

Address 16 Mallon Hill over Date signed 7/28/48

Baltimore, Md

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07005

Reg. Dist. No. 40

1. PLACE OF DEATH:

County Baltimore
City or town Rural - Herford
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 25 years
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Baltimore
City or town Rural - Herford
(If outside city or town limits, write RURAL and give nearest town)
Street No. Big Falls Road
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME

Daniel Webster Meyers

3. (b) Social Security Number

4. Sex Male 5. Color or race Colored 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Lillian Anna Meyers

7. Birth date of deceased (mo., day, yr.) November 25 1886 6. (c) If alive, give age 60 years

8. AGE: Years 61 Months 8 Days 4 If less than one day _____ hrs. _____ min.

9. Birthplace Sparks, Balto. Co. Md.
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

12. Name Alfred Meyers

13. Birthplace Balto. Co. Md.

14. Maiden name Ellen Johnson

15. Birthplace Balto. Co. Md.

16. Informant Lillian A. Meyers

Address Monkton, Md.

17. Burial Date thereof 8/1/48
(Burial, cremation, or removal. Why?) (month) (day) (year)

Cemetery or crematory St. Lukes

Location Herford Md.

18. Funeral director William J. Chalmers Jr

Address 1701 Mt. Calton St. Balto. Md.

19. July 31 1948 Registrar Ated Hedrich
(Date rec'd by Registrar) (Signature) (Name)

MEDICAL CERTIFICATION

20. DATE OF DEATH 29 July 1948 at 3:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 1948 to 29 July 1948
and that I last saw him alive on 20 July 1948

Immediate cause of death Cancer of gastro-intestinal tract - exact site unknown
Due to _____
Due to _____
Other conditions Anemia
(Include pregnancy within 3 months of death)

Major findings of operations _____
Date of op. _____
Autopsy results _____
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide _____ Date of _____
Where did injury occur? _____ (City or town) _____ (County) _____ (State)
Injured at home, farm, industry, public place (where?) _____
Means of injury _____ Injured at work?

23. SIGNATURE Walter T. Kees M.D. M. D. or other _____
Address Cockeysville, Md. Date signed 29 July '48

MARGIN RESERVED FOR BINDING

VS A15 9-45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 43

1. PLACE OF DEATH:

County Balto.
 City or town Paspeburg
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 24 yrs.
 Hospital, institution, or street address where death occurred:
6 Madeline Ave
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Balto.
 City or town Paspeburg Md.
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 6 Madeline Ave
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Abtil Miller

3. (b) Social Security Number

4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced

Male White Married

6.(b) Name of husband or wife Bertha Miller

6.(c) If alive, give age. years

7. Birth date of deceased (mo., day, yr.) March 22nd 18738. AGE: Years Months Days It less than one day
75 4 9 hrs. min.9. Birthplace Pa.
(Town, county, and state)

10. Usual occupation Conductor

11. Industry or business B.O.P.P.

12. Name

13. Birthplace Pa.

14. Maiden name Catherine Walt

15. Birthplace Pa.

16. Informant Mrs. Abtil Miller

Address 6 Madeline Ave

17. Burial Date thereof 8 3 48
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Parkwood

Location Balto. Md.

18. Funeral director Lussan Funeral Home

Address 7401 Belair Rd.

19. July 31 19 48 Mrs. A.L. Reister
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 31st 19 48 at 6 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 19 47 to July 19 48

and that I last saw him alive on July 28 19 48

Immediate cause of death Cerebral hemorrhage DURATION 18 mo.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J.D. Moore M.D.

Address 3155 Belair Rd. Date signed 7-31-48

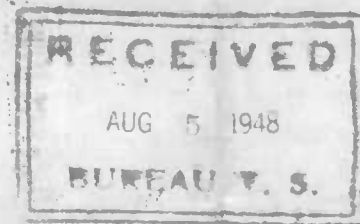
MARGIN RESERVED FOR BINDING

VS A15

9-45-48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Dr. Moore
3105 Belair Rd



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 07007 38

1. PLACE OF DEATH:

County BaltimoreCity or town Parkville
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? -Hospital, institution, or street address where death occurred:
HomeHow long in hospital or institution? -

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Ma. County BaltimoreCity or town Parkville
(If outside city or town limits, write RURAL and give nearest town)Street No. 7811 Wilson Avenue, Parkville
(If rural, give LOCATION)2.(a) If veteran, name war Mexican War

3. (a) FULL NAME

John J. Mooney

3. (b) Social Security Number

215 24 86904. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married6. (b) Name of husband or wife Margaret7. Birth date of deceased (mo., day, yr.) November 4, 18978. AGE: Years 50 Months 8 Days 3 If less than one day hrs. min.9. Birthplace Baltimore
(Town, county, and state)10. Usual occupation Chauffeur11. Industry or business Carroll Independent Fuel Co.12. Name Martin F. Mooney13. Birthplace Baltimore14. Maiden name Edith Scheerer15. Birthplace Baltimore16. Informant Mrs. Margaret MooneyAddress 4811 Wilson Ave., Parkville17. Burial July 10-48
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Moreland Memorial ParkLocation Baltimore, Maryland18. Funeral director Wm. Cook, Inc.Address 1217 St. Paul Street19. July 8 19 48 A. W. Hedrick Registrar

(Date rec'd by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 6, 19 48 at 5:10 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 19 48 to July 6 19 48 and that I last saw him alive on July 6, 19 48Immediate cause of death Hodgkin disease DURATION 3 yr

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Harold A. Gratt, M.D. M. D. or otherAddress 8100 Harford Rd Date signed 7/7/48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07008

Reg. Dist. No. xx

1. PLACE OF DEATH:

County Baltimore
 City or town Fort Howard
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 4 Days
 Hospital, institution, or street address where death occurred:
Vets. Adm. Hospital, Fort Howard, Maryland
 How long in hospital or institution? 4 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Howard
 City or town Jessup
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Box 30
 (If rural, give LOCATION)
 2. (a) If veteran, name war WW-2 ✓

3. (a) FULL NAME

CALVIN S. MOORE

3. (b) Social Security Number

218-12-8479

4. Sex Male 5. Color or race Colored 6. (a) Single, married, widowed, or divorced Single
 6. (b) Name of husband or wife Single
 6. (c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) 12-4-25
 8. AGE: Years 22 Months 7 Days 23 It less than one day _____ hrs. _____ min.

9. Birthplace Howard County, Maryland
 (Town, county, and state)

10. Usual occupation Unemployed

11. Industry or business _____

12. Name Albert Moore

13. Birthplace Jessup, Maryland

14. Maiden name ? Willie

15. Birthplace Baltimore, Maryland

16. Informant Clinical Records, Vets. Adm. H_osp.
 Address Fort Howard, Maryland

17. Burial Date thereof July 30, 1948
 (Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Asbury Methodist

Location Howard County

18. Funeral director Henry S. Washington & Sons

Address 462 N. St. N.W. Wash. D.C.

19. 7/28 19 48 D. W. Hedrick
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 27, 1948 at 10:50 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 23, 1948 to July 27, 1948
 and that I last saw him alive on July 27, 1948

Immediate cause of death Spontaneous Pneumothorax DURATION 4 Dys.

Due to Tuberculosis, pulmonary, 1-1/2
bilateral, far adv. yrs

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

_____ Date of op. _____

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE H. C. Manaugh

H.C. MANAUGH, M.D. Chief Pro. Ser. M.D. or other

Address VAH, Ft. Howard, Md. Date signed 7-27-48

Residence changed from R.H. to Howard - Note from
Dr. French 9/9/48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH ^{83a}

07009

Reg. Dist. No. 32

1. PLACE OF DEATH:
 County Baltimore
 City or town Pikesville
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State Md. County Baltimore
 City or town Pikesville
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 1705 Reisterstown Road
 (If rural, give LOCATION)
 2.(a) If veteran, name war None

3. (a) FULL NAME

Harry G. Myerly

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Single
 6.(b) Name of husband or wife
 6.(c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) Nov. 3, 1868
 8. AGE: Years 79 Months 8 Days 24 If less than one day _____ hrs. _____ min.

9. Birthplace Carroll Co., Md.
 (Town, county, and state)
 10. Usual occupation Retired
 11. Industry or business Retail Liquor business
 12. Name William H. Myerly
 13. Birthplace Maryland
 14. Maiden name Sarah A. E. Fuhrman
 15. Birthplace Maryland

16. Informant Etta Mary Bowersox
 Address 1705 Reisterstown Rd., Pikesville, Md.
 17. Burial Date thereof 7 - 30 - 48
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Druid Ridge
 Location Pikesville, Md.
Wm. Berryman & Sons
 18. Funeral director
 Address Reisterstown, Md.
7/28 48
 (Date rec'd by registrar) 19 7/28/48 D. E. Nichols Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 27, 19 48, at 7:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 19 47, to July 27 19 48
 and that I last saw him alive on July 23 19 48

Immediate cause of death Cerebral hemorrhage DURATION Feb. 1948

Due to Arterial hypertension ?Due to Arterio Sclerosis ?

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE E. E. Nichols M. D. or otherAddress Pikesville-8, Md. Date signed 7/28/48

RECEIVED

JUL 29 1948

BUREAU Y. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07010

Reg. Dist. No.

1. PLACE OF DEATH:

County Baltimore
City or town Jones Creek, Rural Baltimore
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
7320 Waldman Avenue
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Md. County Baltimore
City or town Jones Creek, Rural Baltimore
(If outside city or town limits, write RURAL and give nearest town)
Street No. 7320 Waldman Avenue
(If rural, give LOCATION)
2.(a) If veteran, name war no

3. (a) FULL NAME

JOHN HENRY MYERS

3. (b) Social Security Number

none

4. Sex M 5. Color or race W 6.(a) Single, married, widowed, or divorced Widowed

6.(b) Name of husband or wife Mary E. McDonald MYERS
6.(c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.) February 12, 1858

8. AGE: Years 90 Months 4 Days 21 If less than one day
.....hrs.min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual occupation Farming - retired

11. Industry or business

12. Name John H. Myers

13. Birthplace New Orleans

14. Maiden name Julia A. Miller

15. Birthplace Baltimore, Md.

16. Informant Mrs. Mary McDonald

Address 7320 Waldman Avenue, Sp. Pt.

17. Burial Date thereof 7/6/48
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Loudon Park Cemetery
Baltimore, Maryland

Location HENRY SANDER & SONS, INC.

18. Funeral director NORTH AVE. & BROADWAY

Address

19. July 3 - 48 Dawson L. Herber
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 3, 1948 19..... at 2.55 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 17, 48 to July 3, 48
and that I last saw him alive on July 2, 48

Immediate cause of death Cardio respiratory failure
Chronic myocardial infarction
Regeneration

DURATION

3 days

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Dawson L. Herber M.D. M. D. or other

Address Sparrville Point, Md. Date signed 7/9/48

MARGIN RESERVED FOR BINDING

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VS AT T

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUL 8 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07011

Reg. Dist. No. 30

1. PLACE OF DEATH:

County Baety Co
 City or town Catonsville
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 8 yrs
 Hospital, institution, or street address where death occurred:
Carters Nursing Home
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Pa. County Philadelphia
 City or town Philadelphia
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 711 S. 16th St.
 (If rural, give LOCATION)
 2. (a) If veteran, name war

3. (a) FULL NAME

William James Nellins

3. (b) Social Security Number

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) aug 4. 1863

8. AGE: Years 84 Months 2 Days 1 If less than one day hrs. min.

9. Birthplace Pa. (Town, county, and state)

10. Usual occupation Retired Fireman.

11. Industry or business City of Phila.

12. Name William James Nellins

13. Birthplace Pa.

14. Maiden name Sarah E. Nelson

15. Birthplace Ireland.

16. Informant Mrs. Eliza H. Winton

Address 104 7th Avenue

17. Cremation Date thereof July 23, 1948

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory London Park

Location Balto. City

18. Funeral director Edward J. McNeill

Address Catonsville Md.

19. 7/28 1948 J.E. Harry

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 26 1948 at 12:20 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 12 1941 to July 26 1948

and that I last saw him alive on July 26 1948

Immediate cause of death Coronary Stuffed

DURATION 3 days

Due to Cardio-Vascular-Renal Disease 1941

Due to Arterio-sclerosis 1941

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

Signature George E. Winton

23. SIGNATURE Catonsville 28 Mo M. D. or other

Address Catonsville 28 Mo Date signed 7.26.48

MARGIN RESERVED FOR BINDING

VS A15

9-45-1

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VS A15

9-45-1

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VS A15

9-45-1

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



1863
78
1961

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH:

County BaltimoreCity or town Fort Howard
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Approximately 1-1/2 Hrs.

Hospital, institution, or street address where death occurred:

Vets. Adm. Hospital, Ft. Howard, Md.How long in hospital or institution? Approximately 1-1/2 Hrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County BaltimoreCity or town Baltimore
(If outside city or town limits, write RURAL and give nearest town)Street No. 663 W. Franklin St.,
(If rural, give LOCATION)2. (a) If veteran, name war WW-1 ✓

3. (a) FULL NAME

HARVEY NELSON

3. (b) Social Security Number

Unknown4. Sex Male 5. Color or race Colored 6. (a) Single, married, widowed, or divorced Married6. (b) Name of husband or wife xxxxxx Harriet Nelson6. (c) If alive, give age 57 years7. Birth date of deceased (mo., day, yr.) 3-31-898. AGE: Years 59 Months 3 Days 24 If less than one day hrs. min.9. Birthplace Richmond, Va.
(Town, county, and state)10. Usual occupation Unemployed

11. Industry or business

12. Name Shadrack Nelson
13. Birthplace Virginia14. Maiden name Harriet Perkins
15. Birthplace Virginia16. Informant Clinical Records, Vets. Adm. Hosp.
Fort Howard, Md.

Address

17. Burial July 28, 1948
(Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)Cemetery or crematorium Baltimore National CemeteryLocation Richmond Va.18. Funeral director Katie WilliamsAddress Baltimore, Md.19. July 26, 1948 Registrar A. A. Hedrick

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 23, 19 48 at 12:00 noon21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 23, 19 48 to July 23, 19 48and that I last saw him alive on July 23, 19 48

Immediate cause of death

CHRONIC NEPHRITIS DURATION unknownDue to Arteriosclerosis unknown

Due to

Other conditions None

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results Substantiated Above

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

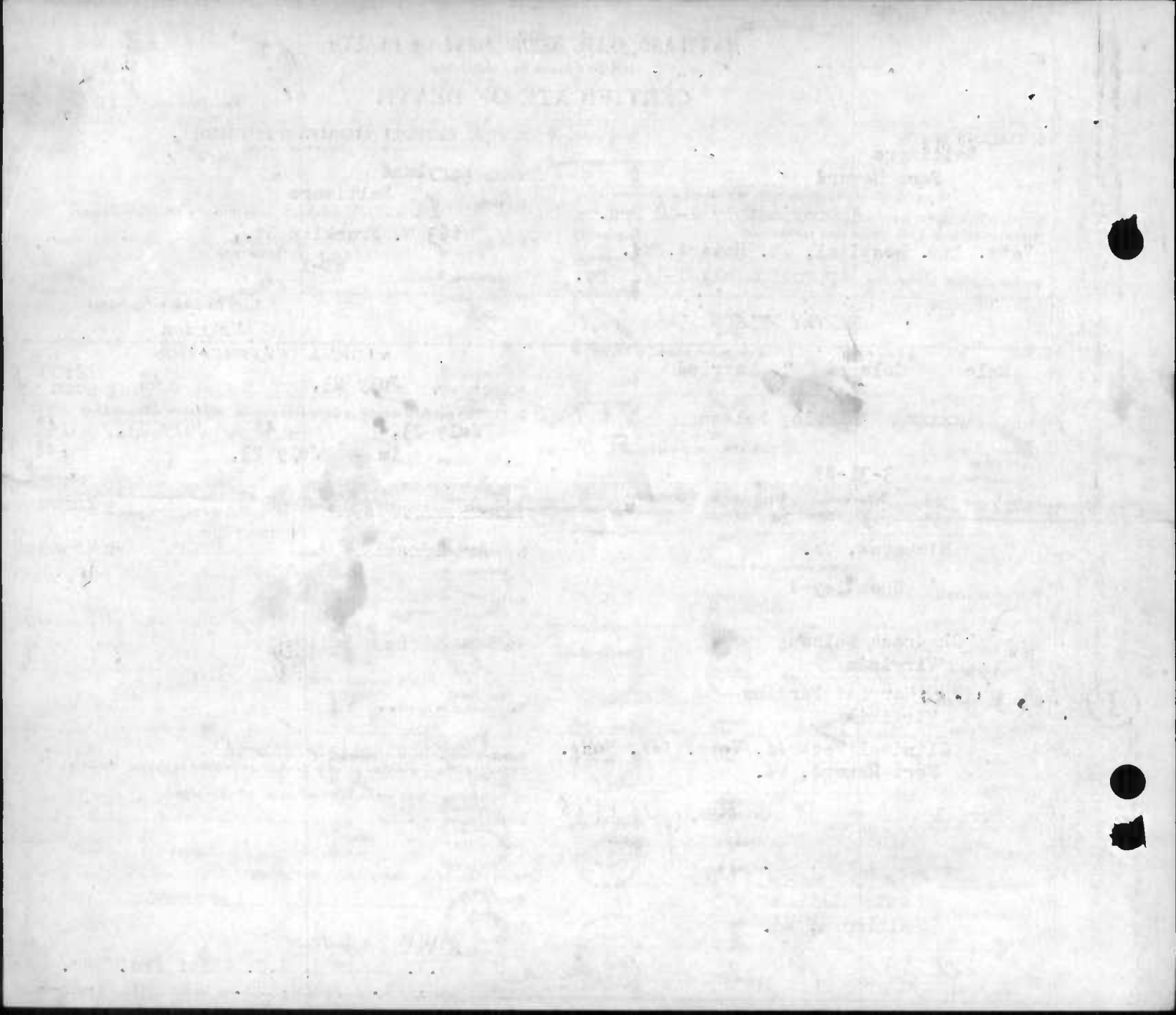
Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE H.C. MANAUGH
H.C. MANAUGH, M.D. Chief Prob. Ser.Address VAH, Ft. Howard, Md. Date signed 7-27-48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH
County Baltimore - 22
City or town Drumdark
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 4 years
Hospital, institution, or street address where death occurred:
305 West Ave.
How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State As in #1 County —
City or town —
(If outside city or town limits, write RURAL and give nearest town)
Street No. —
(If rural, give LOCATION)
2.(a) If veteran, name war —

3.(a) FULL NAME CYRUS COPPER NYZER 3.(b) Social Security Number 216-10-4731

4. Sex male 5. Color or race white 6.(a) Single, married, widowed, or divorced married
6.(b) Name of husband or wife Flora Belle
nyzer 6.(c) If alive, give age 66 years
7. Birth date of deceased (mo., day, yr.) Jan 16. 1883.
8. AGE: Years 65 Months 5 Days 27 If less than one day — hrs. — min.

9. Birthplace Balto - Co. Md.
(Town, county and state)
10. Usual occupation machinist
11. Industry or business Steel mill
12. Name William nyzer
13. Birthplace Balto. Md.
14. Maiden name Anna B. Collier
15. Birthplace Balto. Md.

16. Informant Flora Belle nyzer
Address as in #1

17. Burial Date thereof July - 16 - 48
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Oak Lawn
Location Eastern Gore Road

18. Funeral director John S. Connelly
Address 418 Eastern Cor. Enoch

19. July 15 19 48 John S. Connelly
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 13 1948 at 1:15 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 28 19 48 to July 13 19 48
and that I last saw him alive on July 11 19 48
Immediate cause of death Cerebral Hemorrhage

DURATION 5 days
Due to Hypertensive C.V.
since 1934
Due to —
Other conditions —
(Include pregnancy within 3 months of death)

Major findings of operations —
Date of op. —

Autopsy results —
PHYSICIAN: Please underline the cause to which death should be charged statistically.

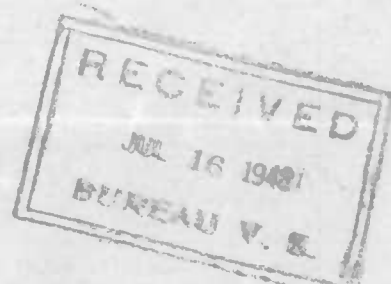
22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of —
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE Louis M. Tallin M. D. or other —
6408 North Point Rd
Address Balto - 19 Date signed 7/13/48

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 42

1. PLACE OF DEATH

County Baltimore
City or town Halethorpe
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution or street address where death occurred:

5705 Second Ave.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Baltimore
City or town Halethorpe
(If outside city or town limits, write RURAL and give nearest town)

Street No. 5705 Second Ave.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

James E. A. Ogle

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Widow

6. (b) Name of husband or wife Late Frances M. Ogle

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) Nov. 23, 1865

8. AGE: Years 82 Months 7 Days 29 It less than one day _____ hrs. _____ min.

9. Birthplace Maryland
(Town, county, and state)10. Usual occupation Retired11. Industry or business Boiler Inspector12. Name Evan Ogle13. Birthplace Md.14. Maiden name Amanda *-----15. Birthplace Md.16. Informant Mr. Edgar E. OgleAddress 232 Oakleigh Village17. Burial Date thereof July 24/48.
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Meadowridge Memorial ParkLocation Dorsey, Md.18. Funeral director Harry A. Winkler
Address 4101 Edmondson Ave.19. July 20 48 Registrar Ben Keffer
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 22/48 1948 at 1:50 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19 July 48 to 22 July 48
and that I last saw him alive on 21 July 48

Immediate cause of death

Cardiac Insufficiency

DURATION

24 hrs

Due to

Arteriosclerosis

Due to

Generalized

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE Bradley Longharter MD.

M. D. or other

Address 1264 Francis Ave Date signed 7-23-48

5
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1264
AUG 16 29
RECEIVED
JUL 29 1948
BUREAU V. S.

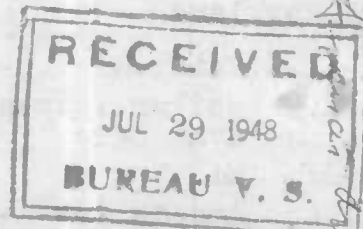
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JUL 29 1948

BUREAU V. S.

RECEIVED

JUL 29 1948



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Indicate correct age in especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH:

County Baltimore
 City or town Loch Raven (Rural)
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 60 years
 Hospital, institution, or street address where death occurred:
near Smith Ave. & Sater Hill Roads
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Baltimore
 City or town Loch Raven (Rural)
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. near Smith Ave. & Sater Hill Road
 (If rural, give LOCATION)
 2.(a) If veteran, name war World War I

3. (a) FULL NAME

JOHN A. PARKS

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Single
 6. (b) Name of husband or wife //////
 6. (c) If alive, give age ////// years
 7. Birth date of deceased (mo., day, yr.) May 30, 1886
 8. AGE: Years 62 Months 2 Days 20 If less than one day _____ hrs. _____ min.

9. Birthplace Loch Raven, Maryland
 (Town, county, and state)
 10. Usual occupation Retired
 11. Industry or business Farmer
 12. Name John Parks
 13. Birthplace Maryland
 14. Maiden name Catherine M. Burke
 15. Birthplace Maryland

16. Informant Mrs. Eleanor Hudson
 Address Loch Raven, Maryland
 17. Burial Date thereof July 24, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Mt. Marie Cemetery
 Location Towson, Maryland
 18. Funeral director John Burke's Sons
 Address Towson, Maryland

19. July 23 1948 A. M. Bacon
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 21, 1948 at 7:30 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____ 19____ to _____ 19____
 and that I last saw him alive on _____ 19____

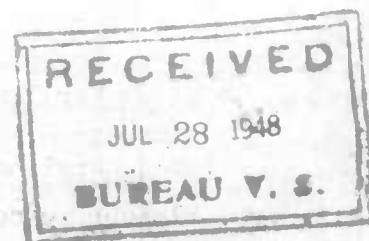
Immediate cause of death _____ DURATION 2 days
Coronary Occlusion
 Due to Arterio Sclerosis
 Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) _____ (County) _____ (State) _____
 Injured at home, farm, industry, public place (where?) _____
 Manner of injury _____ Injured at work? _____

23. SIGNATURE Blue L. Green Jr. M.D.
Physician Medical Examiner
 Address Towson, Md. Date signed 7/23/48



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT		EVIDENCE FOR CHANGE OF AGE SHOWN ON:		CERTIFICATE OF DEATH		950		Registered		07016	
<p>1. PLACE OF DEATH:</p> <p>(a) Baltimore City, Maryland <u>Co.</u></p> <p>(b) Street address: <u>Bethlehem Steel Corporation</u></p> <p>(c) Hospital or institution: <u>SPARROWS POINT, Md</u></p> <p>(d) Length of stay in hospital or inst. (yrs., mos., or days).....</p> <p>(e) Length of stay in Baltimore (yrs., mos., or days).....</p>											
<p>2. USUAL RESIDENCE OF DECEASED:</p> <p>(a) State <u>Md</u> (b) County.....</p> <p>(c) City or town <u>Baltimore</u> (If outside city or town limits, write RURAL and give town)</p> <p>(d) Street No. <u>1439 N. Fulton Ave.</u> (If rural give location)</p> <p>(e) Citizen of foreign country?..... (Yes or No) If yes, name country.....</p>											
<p>3 (a) FULL NAME <u>Eugene Phillips</u></p> <p>3 (b) If veteran, name war..... 3 (c) Social Security Account No.</p>											
4. Sex <u>Male</u>		5. Color or race <u>Colored</u>		6 (a) Single, married, widowed, or divorced. <u>Single</u>							
6 (b) Name of husband or wife.....											
6 (c) If alive, give age years.....											
7. Birth date of deceased (mo., day, yr.) <u>June 24, 1928</u>											
8. AGE: Years <u>20</u>		Months <u>20</u>		Days <u>20</u>		If less than one dayhr.min.					
9. Birthplace <u>E. Edgecombe, N.C.</u> (Town, county, and state)											
10. Usual Occupation <u>Labourer</u>											
11. Industry or business <u>Bethlehem Steel Co.</u>											
12. Name <u>Gaston Phillips</u>											
13. Birthplace <u>N. C.</u>											
14. Maiden Name <u>Montrase Jones</u>											
15. Birthplace <u>N. C.</u>											
16 (a) Informant <u>Montrase Phillips</u>											
(b) Address <u>Route 2 Box 125, Baltimore, N.C.</u>											
17 (a) <u>Removal</u> (b) Date thereof <u>July 1, 1948</u> (Burial, cremation, or removal) (month) (day) (year)											
(c) Cemetery or crematory..... Location <u>Rocky Mount N. C.</u>											
18 (a) Funeral director <u>Dr. W. H. G. Elliott, D.M.</u>											
(b) Address <u>1129 N. Carolina St.</u>											
19 (a) <u>9-10-48</u> (b) <u>W. H. G. Elliott, D.M.</u> (Date rec'd by registrar) (Signature)											
<p>20. DATE OF DEATH <u>July 6</u> 19 <u>48</u>, at <u>10:30</u> P.M.</p> <p>21. I certify that I took charge of the remains described above, held an <u>Autopsy</u> thereon and from the evidence obtained Autopsy, Inspection or Inquiry by said Autopsy, Inspection or Inquiry, find that said deceased came to <u>his</u> death on the day stated above, and death in my opinion resulted from: <u>natural causes</u> <input checked="" type="checkbox"/>, accident <input type="checkbox"/>, suicide <input type="checkbox"/>, homicide <input type="checkbox"/>, undetermined <input type="checkbox"/> and that the causes of death were: <u>Chronic adhesive pericarditis</u> <u>Hypertrophy of heart</u></p> <p>IMMEDIATE CAUSE OF DEATH <u>Chronic adhesive pericarditis</u> <u>Hypertrophy of heart</u></p> <p>Due to.....</p> <p>Other Conditions.....</p> <p>(Include pregnancy within 3 months of death)</p> <p>22. If an external cause was primary <input type="checkbox"/> or contributing <input type="checkbox"/> cause of death, fill in the following: (a) Date of injury..... at..... M. (b) Where did injury occur? (c) Did injury occur at home, on farm, industrial place, in public place?..... While at work? (d) Means of injury <u>Earth Rye</u></p> <p>23. Signature <u>Earl Rye</u> M.D. Date signed <u>7-7-48</u> Medical Examiner</p>											

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07017

Reg. Dist. No. *26*

1. PLACE OF DEATH:

County *Chase Baltimore*
 City or town *Bowleys Quarters, Md.*
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Joseph J. Pich

3. (b) Social Security Number

4. Sex
*male*5. Color or race
*white*6. (a) Single, married, widowed, or divorced
*married*6. (b) Name of husband or wife
*Bessie A.*7. Birth date of deceased (mo., day, yr.)
March 15, 1891

6. (c) If alive, give age..... years

8. AGE: Years Months Days It less than one day
57..... hrs. min.9. Birthplace *Baltimore, Md.*
(Town, county, and state)10. Usual occupation *Retired Navy Officer*

11. Industry or business

12. Name *Unknown*13. Birthplace *II*14. Maiden name *II*

15. Birthplace

16. Informant *Bessie A. Pich- Wife*
Address *Box 277 Chesnut Rd Route 15, Md.*Burial *7/15/48*

17. (Burial, cremation, or removal. Which?) Date thereof..... (month) (day) (year)

Cemetery or crematory *Oak Hill*Location *Horner's Lane*
*Schimunek Funeral Home Inc*18. Funeral director *2601-03-05 East Madison Street*

Address

19. (Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State *Md.* County *Calhoun*City or town *Baltimore*
(If outside city or town limits, write RURAL and give nearest town)Street No. *Box 277 Chesnut Road, Route 15, Zone 20.*(If rural, give LOCATION)
WW1 - WW2

2. (a) If veteran, name war.....

MEDICAL CERTIFICATION

20. DATE OF DEATH *July 11* 19 *48* at *11 P.* M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 5 19 *48* to *July 11* 19 *48*
and that I last saw him alive on..... 19.....

Immediate cause of death.....

*Anterior cerebral C.V. dis.
C. 4th degree congest. failure
Due to Cerebrovascular*Due to *C. Arteriosclerosis
Hypertension
Cirrhosis of liver*

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE *Charles M. Hatcher*Address *605 Medical Bldg.* signed *7/17/48*

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 9 38

1. PLACE OF DEATH:

County Baltimore
 City or town Towson 4, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 3 days
 Hospital, institution, or street address where death occurred:
Eudowood Sanatorium, Towson 4, Md.
 How long in hospital or institution? 3 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County _____
 City or town Baltimore
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 2821 Miles St Baltimore Md
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Margaret Picow
 4. Sex F 5. Color or race W 6.(a) Single, married, widowed, or divorced
married

3. (b) Social Security Number

6.(b) Name of husband or wife Harry S. Picow
 6.(c) If alive, give age 37 years

7. Birth date of deceased (mo., day, yr.) Sept 5, 1918

8. AGE: Years 29 Months 10 Days 1 It less than one day _____ hrs. _____ min.

9. Birthplace Philadelphia Pa
 (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Edward Dougherty

13. Birthplace Pennsylvania

14. Maiden name Mary Saunders

15. Birthplace Maryland

16. Informant Personal history-Hospital records

Address Eudowood Sanatorium, Towson 4, Md.

17. Family Date thereof 7/8/48
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Rep Catholic

Location Baltimore

18. Funeral director William J. Jones

Address 12140 Bond St

19. July 7, 1948 A. J. Schuch
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 6 19 48 at 3:00 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 3 19 48 to July 6 19 48

and that I last saw her alive on July 5 19 48

Immediate cause of death Pulmonary Tuberculosis DURATION 1 yr?

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

_____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE W A Bridges M. D. or other _____

Address Towson 4, Md. Date signed _____

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07019

Reg. Dist. No. 33

1. PLACE OF DEATH

County Balto.City or town Bristertown
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 8 mos.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md. County Balto.City or town Bristertown Md.
(If outside city or town limits, write RURAL and give nearest town)Street No. Boach's Lane, Bristertown
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Sue Gilbert Preece

3. (b) Social Security Number

4. Sex

Female

5. Color or race

white

6.(a) Single, married, widowed, or divorced

widow6.(b) Name of husband or wife Richard E. Preece7. Birth date of deceased (mo., day, yr.) May 15, 1882

6.(c) If alive, give age _____ years

8. AGE: 66 Years 4 Months 18 Days If less than one day _____ hrs. _____ min.9. Birthplace Balto
(Town, county, and state)10. Usual occupation home duties

11. Industry or business

12. Name Nicholas Gilbert13. Birthplace Md14. Maiden name E.

15. Birthplace

16. Informant Elij. SeletzkyAddress Bristertown17. Burial Date thereof July 6/48
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory London ParkLocation 3891 Frederick Road18. Funeral director John O. MitchellAddress 1900 Eutaw Place19. July 6 19 48 9:20 Induced
(Date) (Time) (Day) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 3rd 1948 at 5:30 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 6/27/48 1948 to 7/3/48 1948and that I last saw her alive on July 3rd 1948

Immediate cause of death

Cardiac Decompensation

DURATION

2 daysDue to Carcinoma of the Liver3 mos.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations Bispy liver showed
Carcinoma Date of op. 6/7/48

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of Injury _____ Injured at work? _____

23. SIGNATURE Martin E. Strobel, M.D.
M.D. or otherAddress Bristertown, Md. Date signed 7/3/48

MARGIN RESERVED FOR BINDING

VS A15 9-45-1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The coroner's tag is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No. 44

1. PLACE OF DEATH:

County Baltimore
 City or town Middle River
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 50 yrs.
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

md. County Balts.
 City or town Middle River
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 1187 Eastern Ave.
 (If rural, give LOCATION)

2(a) If veteran, name war

3. (a) FULL NAME

Joseph E. Punte

3. (b) Social Security Number

4. Sex

M.

5. Color or race

W.

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife

Margaret M. Punte

7. Birth date of deceased (mo., day, yr.)

Feb. 26 - 1875

6. (c) If alive, give age years

8. AGE:

73

Years

4

Months

19

Days

If less than one day

hrs.

min.

9. Birthplace

Baltimore City
(Town, county, and state)

10. Usual occupation

Retired, Mechanic

11. Industry or business

FATHER

12. Name

Joseph E. Punte

13. Birthplace

Unknown

MOTHER

14. Maiden name

Unknown

15. Birthplace

Unknown

16. Informant

Joseph Punte Jr.

Address

1187 Eastern Ave. Rd.

17.

(Burial, cremation, or removal. Which?)

Burial

Date thereof

July 19 - 1948
(month) (day) (year)

Cemetery or crematory

Oak Lawn

Location

Eastern Ave. Rd.

18. Funeral director

John B. Connelly

Address

418 Eastern Ave. E. Bay

19.

(Date rec'd by registrar)

7/19/48

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 15th 1948, at 3:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 9 1948, to July 15 1948and that I last saw him alive on July 15 1948

Immediate cause of death

Coronary Thrombosis

DURATION

1 Wk.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

no

Date of op.

Autopsy results

no

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

James F. White M.D.

M. D. or other

Address

422 Eastern Ave., Baltimore 21, Md.Date signed 7/19/48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 35

1. PLACE OF DEATH:

County BaltimoreCity or town White Hall Ind
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 1 hour

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

LAURA HOFFMAN PURCELL

3. (b) Social Security Number

4. Sex Female5. Color or race white6. (a) Single, married, widowed, or divorced widowed6. (b) Name of husband or wife Robert T. Purcell

6. (c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.) April 28 18788. AGE: Years 70 Months 2 Days 17 If less than one day..... hrs. min.9. Birthplace Bellair Ohio
(Town, county, and state)10. Usual occupation Housewife

11. Industry or business

12. Name Frederick Hoffman13. Birthplace Ohio14. Maiden name Charles Becker15. Birthplace Ohio16. Informant Mr Robert T. Purcell JrAddress Mayfair apt. Washington D.C.17. Burial Date thereof July 19-1948
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory Allegheny Memorial PhLocation Pittsburg18. Funeral director Howard S. MarbleAddress White Hall Ind19. July 15 19 48 Mrs Howard S. Marble
Date rec'd by registrar Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Pennsylvania County AlleghenyCity or town Pittsburg
(If outside city or town limits, write RURAL and give nearest town)Street No. 410 Orchard Ave, Bellevue
(If rural, give LOCATION)2. (a) If veteran, name war NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH July 15 19 48 at 11:15 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from.....19..... to.....19.....

and that I last saw him.....alive on.....19.....

Immediate cause of death.....

bleed on cerebralDue to Coronary Occlusion

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE G. W. France

M. D. or other

Address Parklinton Ind Date signed 7/16/48

DECLASSIFICATION AUTHORITY
DATE 10/10/2000 BY 60322
DECLASSIFICATION CODE

Handwritten notes, possibly "The following information..."

Handwritten notes, possibly "The following information..."

Handwritten notes, possibly "The following information..."

RECEIVED
JUL 20 1948
BUREAU V. S.

Handwritten notes, possibly "The following information..."

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 07022

1. PLACE OF DEATH:

County Baltimore
City or town Fort Howard
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 54 days
Hospital, institution, or street address where death occurred:
Vets. Adm. Hospital, Fort Howard, Md.
How long in hospital or institution? 54 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County _____
City or town Baltimore
(If outside city or town limits, write RURAL and give nearest town)
Street No. 2219 Gough Street
(If rural, give LOCATION)
2. (a) If veteran, name war WW II

3. (a) FULL NAME

THEODORE S. RADOMSKI

3. (b) Social Security Number

unknown

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Male White Single

6. (b) Name of husband or wife Single

7. Birth date of deceased (mo., day, yr.) 4-18-19

8. AGE: Years Months Days If less than one day
29 3 10 hrs. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual occupation Unemployed

11. Industry or business

12. Name Thomas Radomski

13. Birthplace Poland

14. Maiden name Josephine Schultz

15. Birthplace Poland

16. Informant Clinical Records, Vets. Adm. Hosp.

Address Fort Howard, Maryland

17. Burial Date thereof Aug. 2, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Holy Rosary Cemetery
Baltimore, Md.

Location

18. Funeral director John M. Weber

Address Baltimore, Md. 401 S. Chester

19. 7-30-48 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 28 19 48 at 7:55 P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 4 19 48 to July 28 19 48 and that I last saw him alive on July 28 19 48

Immediate cause of death Pulmonary tuberculosis, far advanced active

DURATION
3-1/2
yrs.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

SIGNATURE H. C. MANAUGH

H. C. MANAUGH, M.D. Chief Prob. Services

Address VAH, Ft. Howard, Md. Date signed 7-29-48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians, please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07023

Reg. Dist. No. 37

1. PLACE OF DEATH:

County... *Balto.*
 City or town... *Owings Mills - Rural*
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?... *Lifetime*
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State... *Md.* County... *Balto.*
 City or town... *Owings Mills - Rural*
 (If outside city or town limits, write RURAL and give nearest town)
 Street No... *Green Spring Ave*
 (If rural, give LOCATION)
 2. (a) If veteran, name war...

3. (a) FULL NAME

Joshua Jacob Raver

3. (b) Social Security Number

4. Sex... *M* 5. Color or race... *W* 6. (a) Single, married, widowed, or divorced... *Married*

6. (b) Name of husband or wife... *Emma Raver*6. (c) If alive, give age... *80* years7. Birth date of deceased (mo., day, yr.)... *Dec. 28, 1863*

8. AGE: Years... *84* Months... *6* Days... *8* If less than one day... hrs. min.

9. Birthplace... *Lancaster, Penn.*
(Town, county, and state)10. Usual occupation... *Farmer*

11. Industry or business

12. Name... *John Raver*13. Birthplace... *Penn.*14. Maiden name... *Sophie Becking*15. Birthplace... *Penn.*16. Informant... *Mrs. Joshua Raver*Address... *Owings Mills, R.F.D.*17. *Burial* Date thereof... *7-9-48*
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory... *Grace*Location... *Colleysville, Md.*18. Funeral director... *Landin M. Brooks*Address... *Sparks, Md.*19. *July 8,* 19*48* *Wilmer C. Ensor*
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH... *7-6-48* 19... at *4 P.* M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from *1-1-30* to *7-6-48*
 and that I last saw him alive on *7-7-48*

Immediate cause of death... *myocardial infarction*Due to... *chronic*Due to... *prostate - benign*Due to... *stroke 1944*Other conditions... *cachexia*

(Include pregnancy within 3 months of death)

Major findings of operations... Date of op...

Autopsy results... PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Date of...

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE... *James E. Saffell* M. D. or otherAddress... *Reston, Va.* Date signed *7/7/48*

MARGIN RESERVED FOR BINDING

VS A15 9-45-15W

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUL 10 1948

BUREAU V. S.

EVIDENCE FOR CHANGE OF
WIFE'S NAME SHOWN ON:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

Reg. No. G 116 AUG 9 - 1948 CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH:

County Baltimore
City or town Fort Howard
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 7 Days
Hospital, institution, or street address where death occurred:
Vets, Adm. Hospital, Ft. Howard, Md.
How long in hospital or institution? 7 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Baltimore, Md. County ...
City or town Baltimore
(If outside city or town limits, write RURAL and give nearest town)
Street No. 3735 St. Margarets St.
(If rural, give LOCATION)
2.(a) If veteran, name war WW I ✓

3. (a) FULL NAME

DE ARTHUR RAY

3. (b) Social Security Number

Unknown

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married

6.(b) Name of husband or wife Dorothy May Ray
6.(c) If alive, give age 48 years

7. Birth date of deceased (mo., day, yr.) 6-1-91
8. AGE: Years 57 Months 1 Days 5 If less than one day ... hrs. ... min.

9. Birthplace East Brady, Pa.
(Town, county, and state)

10. Usual occupation Salesman

11. Industry or business ...

12. Name John Ray

13. Birthplace Pennsylvania

14. Maiden name Unknown

15. Birthplace Pennsylvania

16. Informant Clinical Records, Vets. Adm. Hosp.

Address Fort Howard, Maryland

17. Burial Date thereof July 9, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Baltimore National Cemetery

Location Baltimore, Md.

18. Funeral director Wm. Cook Funeral Home

Address Baltimore, Md.

19. July 8, 1948 A. J. Hedrick
(Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 6, 1948 6:35 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 29, 1948 to July 6, 1948
and that I last saw him alive on July 6, 1948

Immediate cause of death Syphilis of aortic valve and aorta with aortic insufficiency

Due to ...

Due to ...

Other conditions none

(Include pregnancy within 3 months of death)

Major findings of operations ...

Date of op. ...

Autopsy results Substantiated above

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ... Date of ...

Where did injury occur? ... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ...

Means of injury ... Injured at work? ...

23. SIGNATURE H. C. Manough

H. C. MANOUGH, M.D. Chief Professional

Address VAH, FT. HOWARD, MD. Date signed 7-7-48

MARGIN RESERVED FOR BINDING

I

VS A15 9-45-15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

07025

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:

County Baltimore
 City or town Catonsville
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 5 years, 9 months, 13 days
 Hospital, institution, or street address where death occurred:
Spring Grove State Hospital
 How long in hospital or institution? 5 years, 9 months, 13 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Anne Arundel
 City or town Arnold
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Anna M. Reading

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed
 6.(b) Name of husband or wife George Reading
 7. Birth date of deceased (mo., day, yr.) December 5, 1851 6.(c) If alive, give age _____ years
 8. AGE: Years 96 Months 7 Days 22 If less than one day _____ hrs. _____ min.

9. Birthplace Maryland
 (Town, county, and state)
 10. Usual occupation Housewife
 11. Industry or business Domestic
 12. Name unknown
 13. Birthplace unknown
 14. Maiden name unknown
 15. Birthplace unknown

16. Informant Hospital records
 Address Catonsville 28, Md.
 17. Burial Date thereof July 31 - 48
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Landon Park Cemetery
 Location Baltimore - Md
 18. Funeral director W.W.C. Humphreys Co.
 Address Riversdale - Md
 19. 7-27 19 48 V.E. Harry
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 27 19 48 at 4 a. m.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 14, 19 42 to July 27, 19 48
 and that I last saw her alive on July 27, 19 48
 Immediate cause of death Terminal Pneumonia DURATION 12 hours
 Due to Arteriosclerotic Heart Disease Indef.
 Due to Arteriosclerotic Cardiovascular Disease Indef.
 Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results none
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work? _____
 23. SIGNATURE Isadore Tuerk, M.D. M. D. or other _____
 Address Catonsville 28, Md. Date signed 7/27/48

RECEIVED

JUL 28 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH 93d

07026

Reg. Dist. No.

1. PLACE OF DEATH: Baltimore County
 County Woodlawn
 City or town Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State MD County Baltimore
 City or town Woodlawn
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Box 59
 (If rural, give LOCATION)
 2.(a) If veteran, name war.

3. (a) FULL NAME Caroline Catherine Reiblich 3. (b) Social Security Number

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Widow
 8.(b) Name of husband or wife Henry T. Reiblich 6.(c) If alive, give age years
 7. Birth date of deceased (mo., day, yr.) Feb 1 - 1848

8. AGE: Years 100 Months 5 Days 28 If less than one day
 hrs. min.

9. Birthplace Germany
 (Town, county, and state)

10. Usual occupation at home

11. Industry or business

12. Name Carl Hohman

13. Birthplace Germany

14. Maiden name Anna Martha Goppel

15. Birthplace Germany

16. Informant Edith V. Reiblich

Address Box 59 - Dogwood Rd.

17. Burial Date thereof July 31, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Lorraine

Location Woodlawn Md.

18. Funeral director Elsworth Armstrong

Address 3911 Liberty Heights Ave

19. 7/30 19 48 R. W. Hedrick
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 29 19 48 at 4:45 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 29 19 39 to July 29 19 48
 and that I last saw him alive on July 28 19 48

Immediate cause of death Principals: pneumonia
(terminal)
 Due to Cardio Vascular
Disease (Stroke)
 Due to

DURATION

10 days

10 years

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Elis W Johnson MD

Address 3432 Frederick Ave M. D. or other

Date signed

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

D. A. Steen

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07027

Reg. Dist. No. 38

1. PLACE OF DEATH: Baltimore
 County Towson
 City or town Towson
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 2 weeks
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State md County Harford
 City or town Forest Hill
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2. (a) If veteran, name war _____

3. (a) FULL NAME Martha Jane Robinson 3. (b) Social Security Number _____

4. Sex Female 5. Color or race white 6. (a) Single, married, widowed, or divorced widow
 6. (b) Name of husband or wife Charles L. Robinson
 6. (c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) Aug 24 1865
 8. AGE: Years 87 Months 11 Days 1 If less than one day _____ hrs. _____ min.

9. Birthplace Gettysville York Co Pa
 (Town, county, and state)

10. Usual occupation house wife

11. Industry or business _____

12. Name Edmond Allen

13. Birthplace Penn

14. Maiden name Alice Harkins

15. Birthplace Chestnut Hill md

16. Informant Mrs Fessie Kutz

Address Forest Hill md

17. Burial Date thereof July 28-78
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Deer creek

Location Chestnut Hill Harford Co

18. Funeral director Mary G. Smith

Address Lanetteville Md

19. July 26 19 48 W. L. R. R. R.
 (Date rec'd by registrar) (month) (day) (year) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 25 19 48 at 8:03 p. M
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 24 19 48 to July 25 19 48
 and that I last saw him alive on July 25 19 48

Immediate cause of death _____ DURATION _____
Cardiac failure 5 days
 Due to nephritis, chr. unk
 Due to arteriosclerosis unk
 Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Bennett A. Steen M. D. or other _____

Address Lutherville, Md Date signed 7-25-48

RECEIVED

JUL 31 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07028

83a

Reg. Dist. No. 42

1. PLACE OF DEATH:

County Baltimore
 City or town Rural - Arbutus
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 23 years

Hospital, institution, or street address where death occurred:

5636 Carville Ave.How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County BaltimoreCity or town Rural - Arbutus
(If outside city or town limits, write RURAL and give nearest town)Street No. 5636 Carville Ave.

(If rural, give LOCATION)

2.(a) If veteran, name war —

3. (a) FULL NAME

Lola Francis Roessler

3. (b) Social Security Number

none

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

widow6. (b) Name of husband or wife Alexander Roessler

7. Birth date of deceased (mo., day, yr.)

October 11, 18846. (c) If alive, give age — years

8. AGE:

Years

Months

Days

If less than one day

(63)63#928

hrs. min.

9. Birthplace Cedar Rapids, Iowa

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

Home

MOTHER FATHER

12. Name John Young13. Birthplace Unknown14. Maiden name Unknown15. Birthplace Unknown16. Informant Charles A RoesslerAddress 5636 Carville Ave.17. Burial Date thereof July 12/48

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory London ParkLocation Baltimore18. Funeral director Philip Herwig SonsAddress 2024 Orleans St19. 7/10 19 48

(Date rec'd by registrar)

Sw Hedrick

Registral

MEDICAL CERTIFICATION

20. DATE OF DEATH July 9 19 48 at 5 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

November 19 48 to July 9 19 48and that I last saw him alive on July 8 19 48

Immediate cause of death

Cerebral Hemorrhage

DURATION

1 day

Due to

Hypertension

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide. Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE William Goodman, M.D.

M. D. or other

Address 1334 Sulphur Spring Rd. Date signed 9 July 48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:

County..... Baltimore
 City or town..... Catonsville
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... 5 weeks
 Hospital, institution, or street address where death occurred:
House of Pines, (Convalescent home)
 How long in hospital or institution?..... 5 weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State..... Maryland County.....
 City or town..... Catonsville
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 16 Fusting Ave.
 (If rural, give LOCATION)
 2.(a) If veteran, name war..... ✓

3. (a) FULL NAME

Paul Manuel Rosazza

3. (b) Social Security Number

218-09-7843

4. Sex MALE 5. Color or race White 6. (a) Single, married, widowed, or divorced
Male White Married

6. (b) Name of husband or wife..... Elizabeth Rosazza

7. Birth date of deceased (mo., day, yr.) August 5, 1869 6. (c) If alive, give age..... years

8. AGE: Years 78 Months 11 Days 20 If less than one day
 hrs. min.

9. Birthplace..... Italy
 (Town, county, and state) e10. Usual occupation..... Retired Forman11. Industry or business..... General Contracting12. Name..... Unknown13. Birthplace..... Italy14. Maiden name..... Unknown15. Birthplace..... Italy16. Informant..... Mrs. Elizabeth RosazzaAddress..... 16 Fusting Ave., Catonsville

17. Burial Date thereof..... 7-28-48
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory..... CathedralLocation..... Baltimore City18. Funeral director..... B. Vernon LemmonAddress..... 4611 Park Heights Ave.

19. 7/27 19 48 D. W. Hedrick
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... July - 25 - 1948 at 11 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
July - 24 - 1948 to July - 25 - 1948
 and that I last saw him/her alive on July - 25 - 1948

Immediate cause of death.....
Myocardial Regeneration
& Fibrillation
 Due to..... Hypertension &
Serubility

DURATION

6 mo.

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?.....
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE..... S. Lynn Johnson

Address..... 610 Frederick Road Catonsville
 M. D. or other
 Date signed..... 7/26/48

Finer rec. by phone from Mrs. Raczka at Home in Pines.
8/10/48 - a.s.

3301

Le 085K

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The color of age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 32

1. PLACE OF DEATH:

County Balto.
 City or town Park Hts. Ave
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Pikeville, Md.
 Hospital, institution, or street address where death occurred: Highway
 How long in hospital or institution? Highway

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Balto.
 City or town Balto.
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 2200 Walbrook Ave Balto.
 (If rural, give LOCATION)
 2.(a) If veteran, name war WORLD WAR II ✓

3. (a) FULL NAME

Robt. George Ross.

3. (b) Social Security Number

219-18-9958

4. Sex male 5. Color or race white 6. (a) Single, married, widowed, or divorced Single
 6. (b) Name of husband or wife —
 7. Birth date of deceased (mo., day, yr.) Dec. 31, 1925
 8. AGE: Years 22 Months 6 Days 17 If less than one day _____ hrs. _____ min.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 18 19 48 at 3 A M
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from not attended previously 19 48
 and that I last saw h. not seen alive 19 48

Immediate cause of death

Fractured skull
Fractured mandible
 Due to auto accident

DURATION

5 min.
5 min.

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

None Date of op. _____

Autopsy results

None
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 7-18-48
 Where did injury occur? Pikeville Balto. Md.
 (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?) Highway
 Means of injury auto accident Injured at work? No.

23. SIGNATURE Dr. D. D. Caples, Med. Exam
 M. D. or other _____

Address Pikeville, Md. Date signed 7-18-48

9. Birthplace Morgantown, West Virginia
 (Town, county, and state)
 10. Usual occupation mail carrier (Wellbrook)
 11. Industry or business U. S. Gov.
 12. Name Walter J. Ross
 13. Birthplace Maryland
 14. Maiden name Elsie E. Myers
 15. Birthplace Maryland
 16. Informant Mr. Walter J. Ross - Father
 Address 2200 Walbrook Ave
 17. Burial Date thereof 7-21-48
 (Burial, cremation, or removal, which) (month) (day) (year)
 Cemetery or Balto. National
 Location Balto, Md.
 18. Funeral director Wm. J. Hepner & Son
 Address North 4th Ave. - Balto, Md.
 19. July 20 19 48 A. W. Hedrick
 (Write rec'd by registrar) Registrar

Julian

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

93d

07031

Reg. Dist. No. 32

1. PLACE OF DEATH:

County BaltimoreCity or town Pikesville
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Life - in MarylandHospital, institution, or street address where death occurred:
14 Hawthorne Avenue

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County BaltimoreCity or town Pikesville
(If outside city or town limits, write RURAL and give nearest town)Street No. 14 Hawthorne Avenue
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Harry Taylor Sasscer

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married6. (b) Name of husband or wife Ella Ruth Sasscer6. (c) If alive, give age 65 years7. Birth date of deceased (mo., day, yr.) May 31, 18768. AGE: Years 72 Months 1 Days 18 It less than one day
.....hrs.min.9. Birthplace Maryland
(Town, county, and state)10. Usual occupation Construction work (Retired)

11. Industry or business

12. Name Sebastian Ambrose Sasscer13. Birthplace Maryland14. Maiden name Isabelle Frances Berry15. Birthplace Maryland16. Informant Mrs. Ella Ruth SasscerAddress 14 Hawthorne Avenue, Pikesville, Md.17. Burial Date thereof July 21-48
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory St. Mary's Cemetery
Pikesville
Location Baltimore, Maryland18. Funeral director Frank H. NewellAddress Pikesville, Maryland19. 7 - 19 - 48 Dr. E. E. Nichols
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 18, 19 48 at 9:30 PM21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Several years 19 48 to July 18, 19 48and that I last saw him alive on July 16, 19 48

Immediate cause of death

DURATION

Coronary Thrombosis SuddenDue to Chronic Myocarditis ?Due to Arterio Sclerosis ?

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE E. E. Nichols M. D. or otherAddress Pikesville-8, Md. Date signed 7/19/48

RECEIVED

JUL 21 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07032

Reg. Dist. No. 4/

1. PLACE OF DEATH: County..... <u>Baltimore</u> City or town..... <u>Fort Howard</u> (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? <u>197 Days</u> Hospital, institution, or street address where death occurred: <u>Vets. Adm. Hospital, Ft. Howard, Maryland</u> How long in hospital or institution? <u>197 Days</u>				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State..... <u>Maryland</u> County..... City or town..... <u>Baltimore</u> (If outside city or town limits, write RURAL and give nearest town) Street No. <u>818 Bonaparte Avenue</u> (If rural, give LOCATION) 2. (a) If veteran, name war..... <u>SAW</u>											
3. (a) FULL NAME <u>CONRAD H. SCHLUTTER (CONRAD HERMAN SCHLUTTER)</u>				3. (b) Social Security Number <u>Unknown</u>											
4. Sex <u>Male</u>		5. Color or race <u>White</u>		6. (a) Single, married, widowed, or divorced <u>Married</u>											
6. (b) Name of husband or wife <u>Beatrice Schlutter</u>				6. (c) If alive, give age <u>57</u> years											
7. Birth date of deceased (mo., day, yr.) <u>1-17-80</u>				8. AGE: <table border="1"> <tr> <td>Years</td> <td>Months</td> <td>Days</td> <td>If less than one day</td> </tr> <tr> <td><u>68</u></td> <td><u>5</u></td> <td><u>25</u></td> <td>.....hra.min.</td> </tr> </table>				Years	Months	Days	If less than one day	<u>68</u>	<u>5</u>	<u>25</u>hra.min.
Years	Months	Days	If less than one day												
<u>68</u>	<u>5</u>	<u>25</u>hra.min.												
9. Birthplace <u>Baltimore, Md.</u> (Town, county, and state)				10. Usual occupation <u>Unemployed</u>											
11. Industry or business				12. Name <u>Frederick Schlutter</u>											
13. Birthplace <u>Germany</u>				14. Maiden name <u>Doris Jacobs</u>											
15. Birthplace <u>Germany</u>				16. Informant <u>Clinical Records, Vets. Adm. Hosp.</u> Address..... <u>Ft. Howard, Md.</u>											
17. Burial (Burial, cremation, or removal. Which?) Date thereof..... <u>7/14/48</u> (month) (day) (year) Cemetery or crematory..... <u>Baltimore National Cemetery</u> <u>Baltimore, Md.</u> Location.....				18. Funeral director <u>HENRY SANDER & SONS, INC.</u> Address..... <u>NORTH AVE. & BROADWAY</u>											
19. 7-13 48 (Date rec'd by registrar)				20. DATE OF DEATH <u>July 11,</u> <u>1948</u> at <u>8:00 P. M.</u>											
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from <u>December 27,</u> <u>1947</u> , to <u>July 11,</u> <u>1948</u> and that I last saw him alive on <u>July 11,</u> <u>1948</u> Immediate cause of death <u>Myocardial Failure</u> Due to <u>Disease of the heart with</u> <u>hypertension, cardiac enlargement</u> <u>and aortic regurgitation</u> Other conditions <u>Syphilis, tertiary</u> (Include pregnancy within 3 months of death) Major findings of operations..... Date of op..... Autopsy results..... <u>None</u> PHYSICIAN: Please underline the cause to which death should be charged statistically.				DURATION <u>5 Weeks</u> <u>16 Yrs.</u> <u>Unknown</u>											
22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide..... Date of..... Where did injury occur?..... (City or town) (County) (State) Injured at home, farm, industry, public place (where?)..... Means of injury..... Injured at work?.....				23. SIGNATURE <u>H.C. MANAUGH, M.D. Chief Pro. Ser.</u> Address..... <u>VAH, Ft. Howard, Md.</u> Date signed..... <u>7-12-48</u>											

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certifier's age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 44

07033

1. PLACE OF DEATH:

County BaltimoreCity or town Fort Howard
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 1118 Days

Hospital, institution, or street address where death occurred:

Vets. Adm. Hospital, Ft. Howard, MarylandHow long in hospital or institution? 1118 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County _____City or town Baltimore
(If outside city or town limits, write RURAL and give nearest town)Street No. 1906 N. Rose Street
(If rural, give LOCATION)2.(a) If veteran, name war WW-I ✓

3.(a) FULL NAME

G.
CARL SCHMIDT

3.(b) Social Security Number

Unknown

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
<u>Male</u>	<u>White</u>	<u>Married</u>

6.(b) Name of husband or wife Louise Schmidt6.(c) If alive, give age ? years7. Birth date of deceased (mo., day, yr.) 1-4-1887

8. AGE:	Years	Months	Days	If less than one day
	<u>61</u>	<u>6</u>	<u>3</u>hrs.min.

9. Birthplace Germany
(Town, county, and state)10. Usual occupation Unemployed

11. Industry or business

12. Name Unknown13. Birthplace Germany14. Maiden name Bertha Brown15. Birthplace Unknown16. Informant Clinical Records, Vets. Adm. Hosp.Address Fort Howard, Maryland17. Burial July 10, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Baltimore Cemetery
Baltimore, Md.

Location

18. Funeral director Ullrich Funeral HomeAddress Baltimore, Md.19. 7/10 1948 A. W. Hedrick
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 7, 1948, 3:30 A M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 14, 1945, to July 7, 1948and that I last saw him alive on July 7, 1948Immediate cause of death Cerebral Infarcts

DURATION

Due to Arteriosclerosis1 Yr.

Due to

Other conditions none

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results Substantiated above.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____

Injured at work? _____

23. SIGNATURE

M. Ginsberg
M. GINSBERG, M.D.
Address VAH, Ft. Howard, Md. Date signed 7-7-48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07034

83a

Reg. Diat. No. 40

1. PLACE OF DEATH:

County BaltimoreCity or town Long Green
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County BaltimoreCity or town Long Green
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2(a) If veteran, name war _____

3. (a) FULL NAME

Elizabeth B Schmidt

3. (b) Social Security Number

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

7. Birth date of

deceased (mo., day, yr.)

Aug 22 1858

6. (c) If alive, give age _____ years

8. AGE:

Years

Months

Days

If less than one day

891025

_____ hrs. _____ min.

9. Birthplace

Long Green Md
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER

12. Name

13. Birthplace

MOTHER

14. Maiden name

15. Birthplace

16. Informant

Address

17.

(Burial, cremation, or removal. Which?)

Date thereof

Cemetery or crematory

Location

18. Funeral director

Address

19.

(Date rec'd by registrar)

19.

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 17 1948 at 9-0 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 17 1948 to July 17 1948and that I last saw him alive on July 17 1948Immediate cause of death Cerebral Hemorrhage DURATION 3 daysDue to arteriosclerosis

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____

Injured at work? _____

23. SIGNATURE

M. D. or other

Address Baltimore Date signed 7/18/48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 44

07035

1. PLACE OF DEATH:

County Baltimore
City or town Fort Howard, Maryland
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 19 days
Hospital, institution, or street address where death occurred:
Veterans Administration Hospital
How long in hospital or institution? 19 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County
City or town Baltimore (23)
(If outside city or town limits, write RURAL and give nearest town)
Street No. 2643 Lauretta Avenue
(If rural, give LOCATION)
2. (a) If veteran, name war WW I ✓

3. (a) FULL NAME

Harry T. Schmitt

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
6. (b) Name of husband or wife Carrie L. Schmitt
6. (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) November 20, 1892
8. AGE: Years 55 Months 7 Days 24 If less than one day hrs. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)
10. Usual occupation Policeman
11. Industry or business
12. Name John L. Schmitt
13. Birthplace Baltimore, Maryland
14. Maiden name Mary Young
15. Birthplace Baltimore, Maryland

16. Informant Clinical Records, Vets. Adm. Hosp.
Address Fort Howard, Maryland
17. Burial Date thereof 7/17/48
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Glen Haven Cemetery
Location Annapolis Blvd. Arme Quartr Co. Md
18. Funeral director Howard Blight, Jr.
Address 4914 Belair Rd., Balto., Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 14 19 48 at 5:00 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 25 19 48 to July 14 19 48

and that I last saw him alive on 19

Immediate cause of death Uremia DURATION 2 wks.

Due to Chr. Pyelonephritis 16 mo.

Due to

Other conditions Carcinoma of bladder, Post operative Unknown

(Include pregnancy within 3 months of death)

Major findings of operations Total cystectomy - 6-18-47
Bilateral ureterosigmoidostomy - 4-29-47

Autopsy results Clinical Findings
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE H.C. Manough
H.C. MANAUGH, M.D. Chief Prof. Services
VAH, Ft. Howard, Md. Date signed 7-15-48

19. 7/16 19 48 Sw. Hedrick
(Date rec'd by registrar) Registrar

MARGIN RESERVED FOR BINDING

VS A15 19-45-15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07036

CERTIFICATE OF DEATH

Reg. Dist. No. 33

1. PLACE OF DEATH:

County Balti.
 City or town Reisterstown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 23 years.
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County Balti.
 City or town Reisterstown
 (If outside city or town limits, write RURAL and give nearest town)

Street No. _____
 (If rural, give LOCATION)

2.(a) If veteran, name war World war 1.

3. (a) FULL NAME

Raymond S chultheis

3. (b) Social Security Number

none

4. Sex

m.

5. Color of face

W.

6. (a) Single, married, widowed, or divorced

m.

6. (b) Name of husband or wife

Cecile Marie Roberts6. (c) If alive, give age 46 years

7. Birth date of

deceased (mo., day, yr.)

Dec. 6, 1884

8. AGE:

Years

Months

Days

If less than one day

63618

hrs.

min.

9. Birthplace

Balti

(Town, county, and state)

10. Usual occupation

U.S. Army Retired

11. Industry or business

FATHER

12. Name

John S chultheis

13. Birthplace

Balti

MOTHER

14. Maiden name

Margaret Ann Hoffman

15. Birthplace

Balti

16. Informant

John W. Schulteis

Address

4311 Manfield Ave. Balt

17.

(Burial, cremation, or removal. Which?)

Burial

Date thereof

July 24 '48

Cemetery or crematory

Balti. National

Location

Friedrich Ave. Balt.

18. Funeral director

Mrs. Beryman + Sons

Address

Reisterstown md

19.

(Date rec'd by registrar)

7-23-1948Mary B. Eline

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 21 19 48, at 10 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

November 2819 47, totoday

19

and that I last saw him alive on July 21, 19 48

Immediate cause of death

Coronary occlusion

DURATION

Due to Arteriosclerosis and
hypertensive heart disease

Due to

Other conditions DiabetesBronchial asthma, emphysema

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

J. Walter Landan M.D.

M. D. or other

Address Reisterstown, Md.Date signed 7-21-48

MARGIN RESERVED FOR BINDING

I

9-45-15W

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUL 26 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

07037

38

1. PLACE OF DEATH

County Baltimore
City or town Woodbrook
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred Mercy Villa Bellona Ave

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County Balts.City or town Woodbrook
(If outside city or town limits, write RURAL and give nearest town)Street No. Bellona Ave
(If rural, give LOCATION)

2(a) If veteran, name war

3. (a) FULL NAME

Elizabeth Rea Simonds

3. (b) Social Security Number

4. Sex

F

5. Color or race

W

6. (a) Single, married, widowed, or divorced

Widowed6. (b) Name of husband or wife Edward Louis Simonds

7. Birth date of

deceased (mo., day, yr.)

May 14 1862

6. (c) If alive, give age..... years

8. AGE:

Years

Months

Days

It less than one day

86213

hrs.

min.

9. Birthplace

Pittsburgh Pa.
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER

12. Name

13. Birthplace

MOTHER

14. Maiden name

15. Birthplace

16. Informant

Address

17.

(Burial, cremation, or removal. Which?)

Date thereof

(month)

(day)

(year)

Cemetery or crematory

Location

18. Funeral director

Address

19.

(Date rec'd by registrar)

19.

19.

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19.

MEDICAL CERTIFICATION

2D. DATE OF DEATH July 27 1948 at 1:15 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Sept 2nd 1947 to July 27 1948and that I last saw him alive on July 26 1948Immediate cause of death Cerebral hemorrhage DURATION 5 daysDue to Generalized arteriosclerosisHypertension

Due to

Other conditions Periodic hemiplegiadue to cerebral hemorrhage July 15/47

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE Laurel P. Hamburger

M. D. or other

Address 1207 Euteria Place Date signed July 27/48

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Dr Louis P Hamburger, Sr.
1207 Eutaw Place

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County Baltimore
City or town Towson
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
230 Burke Avenue
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Baltimore
City or town Towson
(If outside city or town limits, write RURAL and give nearest town)
Street No. 230 Burke Avenue
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME

William Henry Sohn

3. (b) Social Security Number

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Male White Married

6. (b) Name of husband or wife Mary Hettchen Sohn

7. Birth date of deceased (mo., day, yr.) October 18, 1869 6. (c) If alive, give age 75 years

8. AGE: Years Months Days If less than one day
78 9 8 hrs. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual occupation Retired

11. Industry or business Stationary Engineer

12. Name Adam Sohn

13. Birthplace Germany

14. Maiden name Annie Sohn

15. Birthplace Germany

16. Informant Conrad Sohn

Address Towson, Md.

17. Burial Date thereof July 29, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Parkwood Cemetery

Location Parkville, Md.

18. Funeral director John Burns' Sons

Address Towson, Md.

19. July 27 19 48 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 26, 1948 at

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 8 etc 1948 to July 26 1948

and that I last saw him alive on July 21 or 1948

Immediate cause of death Toxemia

DURATION 4 wks

Due to Carcinoma G.I. Tract ?

Due to

Other conditions Arterio-sclerotic ?

C-V disease

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. A. Hedland, M.D. M. D. or other

Address Towson & Md. Date signed 7/27/48

MARGIN RESERVED FOR BINDING

VS A15

9-45-15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUL 31 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:

County Baltimore
 City or town Catonsville
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

201 Winters Lane

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County BaltimoreCity or town Catonsville
(If outside city or town limits, write RURAL and give nearest town)Street No. 201 Winters Lane
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

LAURA J. SQUIRRELL

3. (b) Social Security Number

4. Sex Female 5. Color or race Colored 6.(a) Single, married, widowed, or divorced Married

6.(b) Name of husband or wife Thomas Squirrell

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 6, 1874

8. AGE: Years 73 Months 11 Days 6 If less than one day
 hrs. min.

9. Birthplace Carroll Co., Md.
(Town, county, and state)10. Usual occupation Housewife

11. Industry or business

12. Name Thomas Davis13. Birthplace Md.14. Maiden name Martha Talbert15. Birthplace Va.16. Informant Mr. Thomas SquirrellAddress 201 Winters Lane17. Burial Date thereof 7-15-48
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Johnsville, Cem.Location Carroll Ch., Md.18. Funeral director Mrs. Frances A. HemsleyAddress 578 W. Biddle St.19. 7/18 20 AW No which
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 12, 1948, at 10A. M

21. I CERTIFY that death occurred on the date above stated; that I attended the deceased from May 15 1948 to July 12 1948 and that I last saw him alive on July 11 1948

Immediate cause of death Coronary Arteriosclerosis DURATIONDue to Broken Compensation

Due to

Other conditions Hypertension

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. H. Hemsley M. D. or otherAddress Elkridge Md Date signed 7-14-48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

83a

07040

Reg. Dist. No. 30

1. PLACE OF DEATH:

County Baeto.City or town Catoxville
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD. County Baeto.City or town Arbitus
(If outside city or town limits, write RURAL and give nearest town)Street No. 1303 Linden Ave
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME,

4. Sex M 5. Color or race W 6.(a) Single, married, widowed, or divorced Widow

6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 90 Months 5 Days 8 If less than one day
.....hrs.min.9. Birthplace Baeto. Md
(Town, county and state)10. Usual occupation H.W.

11. Industry or business

12. Name Weiss13. Birthplace Germany14. Maiden name Matt15. Birthplace Germany16. Informant Chas. H. StammAddress 1303 Linden Ave. (Arb)17. Burial Date thereof July 6, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Linden PlLocation 3801 Frederick Rd18. Funeral director Harry H. WitteAddress 4101 Edmondson Ave19. 7-5 19 48 U.S. Harry
(Date rec'd by registrar)

Registrar

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH July 3, 1948 at 12:30 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 1, 1948 to July 1, 1948and that I last saw him alive on July 1, 1948Immediate cause of death Here cause of hemorrhageDURATION 2 daysDue to Here cause of hemorrhageDue to Here cause of hemorrhage

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

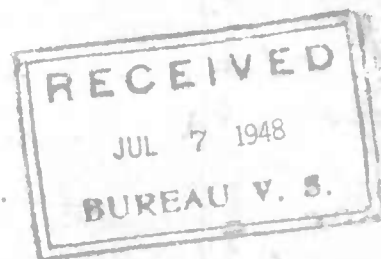
Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE James HowellAddress Catoxville Date signed 7-3



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 07041

1. PLACE OF DEATH:

County Baltimore

City or town Catonsville
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Spring Grove State Hospital

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County

City or town Baltimore
(If outside city or town limits, write RURAL and give nearest town)

Street No. 306 S. Stricker Street
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Hannah (Johanna) M. Steinman

3. (b) Social Security Number

4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced

Female White Widowed

6.(b) Name of husband or wife

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) February 16, 1873

8. AGE: Years Months Days It less than one day
75 4 30 hrs. min.

9. Birthplace Carroll County, Maryland
(Town, county, and state)

10. Usual occupation Housekeeper

11. Industry or business

12. Name Harmon Sandman

13. Birthplace Germany

14. Maiden name Augusta Brumeister

15. Birthplace Germany

16. Informant Hospital records

Address Catonsville 28, Md.

17. Date thereof July 19, 1948

(Burial, cremation, or removal, where?)

Cemetery or crematory Emmelville Church Cem

Location Elfridge Md

18. Funeral directed by Robt C. B. M. Walters

Address Pratt & Stricker St

19. 7/17 19 48 Al H. Hedrich

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 15, 19 48 at 12 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 15, 19 42 to July 15, 19 48

and that I last saw her alive on July 15, 19 48

Immediate cause of death Coronary attack DURATION hours

Due to Hypertensive Cardiovascular Disease Indefinite

Due to Obesity Indefinite

Ovarian Cyst Indefinite

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

Isadore Tuerk, M.D.

23. SIGNATURE Isadore Tuerk, M.D. M. D. or other

Address Catonsville 28, Md. Date signed 7/15/48

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07042

Reg. Dist. No. 38

1. PLACE OF DEATH:

County Balto.City or town Towson
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

602 North Bend Rd.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County BaltoCity or town Towson
(If outside city or town limits, write RURAL and give nearest town)Street No. 602 North Bend Rd.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Harold Griffiths Stewart

3. (b) Social Security Number

218-22-1799

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed or divorced

Married

6. (b) Name of husband or wife

Sarah D. Stewart

7. Birth date of deceased (mo., day, yr.)

April 12th 1898

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

50310

hrs.

min.

9. Birthplace

Balto. Md.

(Town, county, and state)

10. Usual occupation

Salesman

11. Industry or business

Paul W. Stewart

12. Name

13. Birthplace

Balto. Md.

14. Maiden name

Ada V. Griffiths

15. Birthplace

England

16. Informant

Mrs. Sarah D. Stewart

Address

602 N. Bend Rd. Towson, Md.

17.

Burial
(Burial, cremation, or removal, which?)

Date thereof

7/24/48
(month) (day) (year)

Cemetery or crematory

London Park

Location

Balto. Md.

18. Funeral director

William Cook Inc.

Address

1217 St. Paul

19.

July 23 1948
(Date filed by Registrar)A. W. Hedrick

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 22nd 1948 at 12³⁰ P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

5/26/48

19.

to

7/22/48

19.

and that I last saw him alive on

7/21/48

Immediate cause of death

adenocarcinoma

DURATION

Due to

Adeno Carcinoma of the ascending colon

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Adeno Carcinoma of ascending colon & metastasis

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

William H. Stewart M.D.
M.D. or other
Address 618 Medical Bldg. Date signed 7/23/48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 07043

1. PLACE OF DEATH
 County Balto.
 City or town Drumkirk 22
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?
 Hospital, institution, or street address where death occurred:
Box 116 New Battle Grove.
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Same County Same
 City or town Same
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Same
 (If rural, give LOCATION)

2. (a) If veteran, name war

3. (a) FULL NAME

James L. Straughen

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of husband or wife Annie Vertzel.
 7. Birth date of deceased (mo., day, yr.) Mar. 21/1886
 6. (c) If alive, give age _____ years

8. AGE: Years 62 Months 3 Days 18 It less than one day _____ hrs. _____ min.

9. Birthplace Rock Hall Md.
 (Town, county, and state)

10. Usual occupation Engineer11. Industry or business City Jail Balto.12. Name James Straughen13. Birthplace England14. Maiden name Mrs. Anne Vertzel15. Birthplace Rock Hall Md.16. Informant Mrs. Anne StraughenAddress Above

17. Burial Date thereof 7/21/48
 (Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetary or crematory Grady HillLocation Pitcher Highway18. Funeral director Lilly & ZeileAddress 4031 E. Forest St19. July 20, 1948 a. 10 Hedvesi

(Date signed by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 18 19 48 at 6:45 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19 _____, lo _____, 19 _____

and that I last saw him alive on _____, 19 _____

Immediate cause of death Coronary occlusionDue to Immediate

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Dr. M. J. ...Address Balto. Drumkirk 22 Date signed 7/18/48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 32

1. PLACE OF DEATH:

County Baltimore
 City or town Pikesville
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 11 months
 Hospital, institution, or street address where death occurred:
Katherine Robb's Nursing Home
 How long in hospital or institution? 11 months

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County _____
 City or town Baltimore
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 423 Homeland Avenue
 (If rural, give LOCATION)
 2.(a) If veteran, name War _____

3. (a) FULL NAME

Ann Thompson

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed

6.(b) Name of husband or wife Harry B. Thompson

7. Birth date of deceased (mo., day, yr.) July 12, 1871 6.(c) If alive, give age _____ years

8. AGE: Years 77 Months 0 Days 7 If less than one day _____ hrs. _____ min.

9. Birthplace Baltimore, Maryland
 (Town, county, and state)

10. Usual occupation None

11. Industry or business _____

12. Name Unknown

13. Birthplace Baltimore, Md.

14. Maiden name Unknown

15. Birthplace Baltimore, Md.

16. Informant Leo E. Thompson

Address 3702 Greenmount Avenue, Balto., Md.

17. Burial Date thereof July 22, 1948
 (Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory New Cathedral Cemetery

Location Old Frederick Road, Baltimore, Md.

18. Funeral director John A. Moran

Address 3000 S. Baltimore St., Baltimore, Md.

19. 7 - 20 - 48 19. Dr. E. E. Nichols
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 19, 1948, at 7 - P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sht 3 1947 to July 19, 1948 and that I last saw him alive on July 18, 1948

Immediate cause of death Chronic Myocarditis DURATION ?

Due to Arterio Sclerosis ?

Due to Senility

Other conditions Cerebral Paresis 10 days

(Include pregnancy within 8 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE E. E. Nichols M. D. or other _____

Address Pikesville-8, Md. Date signed 7/20/48

RECEIVED

JUL 22 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County BALTO.
City or town CATONSVILLE, MD.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?
Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD. County BALTO.
City or town CATONSVILLE
(If outside city or town limits, write RURAL and give nearest town)
Street No. 134 WESTTOWNE PLACE
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

CHARLES GLENN TRIMBLE

3. (b) Social Security Number

Geo

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced WIDOW

8. (b) Name of husband or wife MILLER, C. TRIMBLE

7. Birth date of deceased (mo., day, yr.) SEPT. 26, 1869

8. AGE: Years 78 Months 9 Days 24 If less than one day hrs. min.

9. Birthplace BALTIMORE, MD.
(Town, county, and state)

10. Usual occupation RETIRED

11. Industry or business

12. Name JAMES R. TRIMBLE

13. Birthplace UNKNOWN

14. Maiden name CORDelia BARNES

15. Birthplace UNKNOWN

16. Informant MRS. IRIS T. STRASINGER

Address 348 WHITRIDGE

17. BURIAL Date thereof 7/13/48
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory WOODLAWN

Location BALTO. MD.

18. Funeral director Wm J. TUCKER & SONS

Address BALTO. MD.

19. July 22 19 48 a. w. H. H. H.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/20/48 at 15 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 21 19 47 to July 20 19 48
and that I last saw him alive on July 13 19 48

Immediate cause of death arteriosclerotic heart disease

Due to Generalized arteriosclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Physician results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Manner of injury Injured at work?

23. SIGNATURE Geo J. H. H. H. M. D. or other

Address 134 Westtowne Place Date signed 7/20/48

MARGIN RESERVED FOR BINDING

VS-A15 9-45-15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. **30**

1. PLACE OF DEATH:

County Baltimore
City or town Ellicott City, Maryland
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 22 yrs.
Hospital, institution, or street address where death occurred Westchester Ave.
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Baltimore
City or town Ellicott City
(If outside city or town limits, write RURAL and give nearest town)
Street No. Westchester Avenue
(If rural, give LOCATION)
2(a) If veteran name was None

3. (a) FULL NAME

Allie Virginia Tucker

3. (b) Social Security Number

4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced Widow
6. (b) Name of husband or wife George W. Tucker
7. Birth date of deceased (mo., day, yr.) Apr. 26, 1888
6. (c) If alive, give age 58 years
8. AGE: Years 60 Months 2 Days 29 If less than one day hrs. min.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 25, 1948 at 1:15 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 25, 1948 to July 25, 1948
and that I last saw him alive on July 25, 1948

Immediate cause of death Hypertension, cardiovascular disease

DURATION

10 yrs.

9. Birthplace Warren Co. Virginia
(Town, county, and state)
10. Usual occupation Housewife
11. Industry or business

MOTHER FATHER
12. Name Albert Derflinger
13. Birthplace Warren Co. Virginia
14. Maiden name Cora A. Withrow
15. Birthplace Warren Co. Virginia
16. Informant Wilson L. Tucker
Address 64 Delta Ave. Delta, Md.
17. Serial Date thereof 7/28/48
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Good Shepherd
Location Royce Ave. Ellicott City, Md.
18. Funeral director Easton Sons
Address Ellicott City, Maryland
19. 7-28-48 W.E. Harris Registrar
(Date rec'd by registrar)

Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

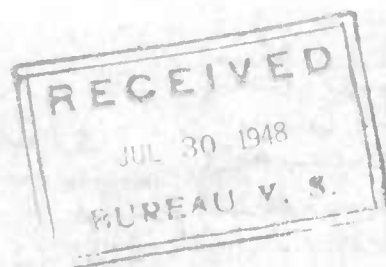
22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, pub'c place (where?)
Means of injury Injured at work?

23. SIGNATURE W.E. Harris M. D. or other
Address Ellicott City Date signed 7/29/48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:

County BALTIMORE

City or town CATONSVILLE
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

315 INGLETSIDE AVE

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County A.A. Co.

City or town RURAL - ANNAPOLIS
(If outside city or town limits, write RURAL and give nearest town)

Street No. PINES IN THE SEVERN
(If rural, give LOCATION)

2.(a) If veteran, name war.

3. (a) FULL NAME

LEONIDAS

G. TURNER

3. (b) Social Security Number

4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced

MALE WHITE DIVORCED

6.(b) Name of husband or wife late AMELIA (ARCHER)

7. Birth date of deceased (mo., day, yr.) APRIL 6, 1868 6.(c) If alive, give age years

8. AGE: Years 83 Months Days If less than one day hrs. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual occupation RETIRED

11. Industry or business

12. Name JOHN S TURNER

13. Birthplace N. J.

14. Maiden name RUTH CHARLESWORTH

15. Birthplace N. J.

16. Informant MI-

Address 4226 9th ST N.W. WASH. D.C.

17. BURIAL Date thereof July 3, 1948
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory LURRAINE PARK

Location WOODLAWN MD

18. Funeral director Harry H. White

Address 4101 Edmonston Ave

19. 7-2 19 48 W.E. Haring Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 1 19 48 at 6A M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 1 19 48 to June 30 19 48 and that I last saw him alive on June 30 19 48

Immediate cause of death Heart Remnants DURATION acute

Due to Heart DURATION 5 yrs

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W.E. Haring M. D. or other

Address Edmonston Ave Date signed 7/2/48

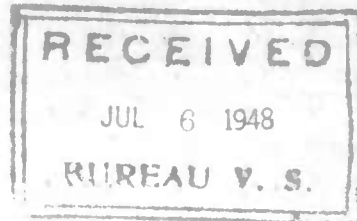
MARGIN RESERVED FOR BINDING

9-45-15

VS A15

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1948
83
1862



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

07048

30

1. PLACE OF DEATH:

County Baltimore
 City or town Catonsville 28, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 9 days
 Hospital, institution, or street address where death occurred:
Spring Grove State Hospital
 How long in hospital or institution? 9 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Baltimore
 City or town Baltimore, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 106 S. Gilmore
 (If rural, give LOCATION)
 2.(a) If veteran, name war ☒

3. (a) FULL NAME

LILLIAN B. WALKER

3. (b) Social Security Number

4. Sex female 5. Color or race white 6.(a) Single, married, widowed, or divorced Single

6.(b) Name of husband or wife none

7. Birth date of deceased (mo., day, yr.) December 27, 1876 6.(c) If alive, give age _____ years

8. AGE: Years 71 Months 6 Days 15 If less than one day _____ hrs. _____ min.

9. Birthplace Baltimore, Maryland
 (Town, county, and state)

10. Usual occupation Clerk11. Industry or business "

FATHER 12. Name Wm. D. Walker
 13. Birthplace Baltimore, Maryland
 MOTHER 14. Maiden name Elvira Fallin
 15. Birthplace Baltimore, Maryland

16. Informant Hospital Records
Spring Grove Hospital, Catonsville,
 Address Md.

17. Burial Date thereof 7-15-48
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Roadway Park
 Location Buets

18. Funeral director W. E. Beyer Jr
 Address 1512 Hollins St

19. 7/14/48 Registrar
 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 12, 1948 11:40 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 3, 1948, to July 12, 1948

and that I last saw him OR alive on July 12, 1948

Immediate cause of death Myocardial infarction DURATION Unknown

Due to ruptured coronary vein with subpericardial hemorrhages Indefinite

Due to Myocardial infarction (undetermined)

Other conditions (7-20-48)

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results as above

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place, (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Isidore Tuark, M.D. M. D. or other _____

Address Catonsville 28, Md. Date signed 7/13/48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH

County Baltimore
 City or town Gowanus and Balto County
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 48 years
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Robert Hunt Walker

3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6. (c) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Amelia Henries

7. Birth date of deceased (mo., day, yr.)

Oct 23, 1882

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

65

hrs.

min.

9. Birthplace

Balto.

(Town, county, and state)

10. Usual occupation

Ins. agent

11. Industry or business

Insurance

FATHER

12. Name

Elisha H. Walker

13. Birthplace

Pa

MOTHER

14. Maiden name

Luey Cooper

15. Birthplace

Pa

16. Informant

Harry R. Sharpless

Address

4832 Herwich Road

17.

(Burial, cremation, or removal. Which?)

Date thereof

July 9, 1948

Cemetery or crematory

London Park Cemy

Location

3801 Fredericks Road

18. Funeral director

John O. Mitchell & Sons

Address

1900 Centaw Place

19.

(Date rec'd by registrar)

July 2, 1948A. W. Hedrick

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Baltimore
 City or town Baltimore
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. York Rd & Waltham Ave.
 (If rural, give LOCATION)
 2. (a) If veteran, name war World War I - Captain

MEDICAL CERTIFICATION

20. DATE OF DEATH July 1, 1948 at 4:45 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19... to 19...

and that I last saw h

19... 19...

Immediate cause of death

Shot gun wound chest on heart
suicide

DURATION

7/1/48

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident suicide, or homicide Suicide Date of 7/1/48

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Rollin C. Hudson MD DME.

M. D. or other

Address

Towson 4, Md.Date signed 7/1/48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for change of
age shown on:

FILM No. G 116 JUL 16 1948

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County Baltimore
City or town Middle River
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Irry Hall Nursing Home

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County Baltimore

City or town Dundalk
(If outside city or town limits, write RURAL and give nearest town)

Street No. 2901 Dundalk Road
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Leo C. Walter

3. (b) Social Security Number

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced M

6. (b) Name of husband or wife Emmeline M. Walter

7. Birth date of deceased (mo., day, yr.) October 21, 1888

8. AGE: Years 59 Months 8 Days 21 If less than one day hrs. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual occupation Tool Room Keeper

11. Industry or business Bethlehem Ship Yard

12. Name Wm. Walter

13. Birthplace Baltimore, Md.

14. Maiden name Connelly

15. Birthplace Baltimore, Md.

16. Informant Mrs. Emmeline M. Walter

Address 2901 Dundalk Road, Dundalk

17. Burial Burial Date thereof July 14, 1948
(month) (day) (year)

Cemetery or crematory Oaklawn

Location 7225 Eastern Blvd.

18. Funeral director Roland T. Fisher

Address 2112 Dundalk Ave.

19. Date of registration July 13, 1948 by registrar A. W. Hedrick

MEDICAL CERTIFICATION

20. DATE OF DEATH July 12, 1948 19 48 at 5:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 10, 1948 to July 12, 1948 and that I last saw him alive on July 11, 1948

Immediate cause of death Cancer of Rectum
& metastasized
Due to peritonitis

Other conditions
(Include pregnancy within 3 months of death)

Major findings of operations
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Joseph C. Cochran MD M. D. or other
Address 35 Chudell Rd Date signed July 12, 1948

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County BaltimoreVillage or City TowsonLength of residence in city or town where death occurred 75 yrs. mos. ds.Registration Dist. No. 93dNo. 12 E. Burke Avenue St. 38 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME John Maurice Watkins(a) Residence: No. 12 E. Burke AvenueSt. 38 Ward.

(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)Widower

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofAnnetta Bowen Watkins6. DATE OF BIRTH (month, day, and year) January 19, 1873

7. AGE

Years

75

Months

6

Days

1If LESS than
1 day, ----- hrs.
or ----- min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.Clerk Canton R.R.9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.Retired 8 years10. Data deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation

12. BIRTHPLACE (city or town)

(State or country)

Towson
Maryland

FATHER

13. NAME

John Maurice Watkins

14. BIRTHPLACE (city or town)

(State or country)

Maryland

MOTHER

15. MAIDEN NAME

Mary Louisa Eckart

16. BIRTHPLACE (city or town)

(State or country)

Maryland

17. INFORMANT

(Address)

Mrs. H. Dalton Berry
Washington & Alleghany Aves. Towson

18. BURIAL PLACE

Place

Towson
Prospect Hill, Date July 22, 1948

19. UNDERTAKER

(Address)

Burgess Funeral Home
3631 Falls Road, Baltimore 11

20. FILED

July 31, 1948a.w. Hedrick

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

July
(Month)20
(Day)1948
(Year)

22.

I HEREBY CERTIFY, That I attended deceased from
July, 1946, to 20 July, 1948I last saw him alive on 20 July, 1948; death is saidto have occurred on the date stated above, at 3 A.m.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:

Date of onset

ArteriosclerosisCoronary Vascular disease 1946

Other Contributory Causes of importance:

Name of operation

None

Date of

What test confirmed diagnosis?

Was there an autopsy? Yes

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed)

Lo. Charles H. Poirer

M. D.

(Address) 6701 York Rd

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

<i>Arteriosclerosis</i>	<i>1915</i>
<i>Chronic interstitial nephritis</i>	<i>1921</i>
<i>Cerebral hemorrhage</i>	<i>July 5, 1927</i>

Other contributory causes of importance:

<i>Gallstones</i>	<i>May 1, 1923</i>
-------------------	--------------------

Example II

The principal cause of death and related causes of importance were as follows:

<i>Attack of epilepsy</i>	<i>1 week ago</i>
<i>Run over by street car</i>	<i>1 week ago</i>
<i>Peritonitis</i>	<i>3 days ago</i>

Other contributory causes of importance:

<i>Gastroenteritis</i>	<i>1 year</i>
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 41

07052

462

1. PLACE OF DEATH:

County Balto.City or town Dundalk
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

MARY E WATKINS

3. (b) Social Security Number

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife

Lee Chester Watkins

7. Birth date of deceased (mo., day, yr.)

April 28th 1870

6. (c) If alive, give age..... years

8. AGE:

Years

Months

Days

If less than one day

78

2

10

hrs.

min.

9. Birthplace

W. Va.

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

At Home

FATHER

12. Name

John E. Stewart

13. Birthplace

W. Va.

MOTHER

14. Maiden name

Unknown

15. Birthplace

" "

16. Informant

Sylvia L. Shepherd

Address

7405 Bay Front Rd. S.P.

17. Removal

(Burial, cremation, or removal, Which?)

Date thereof

7/3/48

Cemetery or crematory

St. Luke

Location

Mooresville W. Va.

18. Funeral director

William Cook Inc.

Address

1217 St. Paul St. Balto. Md.

19. 7/2

(Date rec'd by registrar)

19

x8

St. Luke

W. Va.

30

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Md

County

Balto.

City or town

Dundalk

(If outside city or town limits, write RURAL and give nearest town)

Street No.

Bay Front Rd

(If rural, give LOCATION)

2. (a) If veteran, name war

MEDICAL CERTIFICATION

20. DATE OF DEATH

7-1-48

19

at 8:40 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 21

1946

to 7-1-48

and that I last saw him alive on

7-1-48

19

Immediate cause of death

Gangrenous of the colon

DURATION

3 years

Due to

arteriosclerosis
cardio-vascular disease

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Eugene F. Neve

M. D. or other

Address

7001 M. Washington Rd.

Date signed

7-1-48

Dundalk, Md

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07053

Reg. Dist. No. 32

1. PLACE OF DEATH:

County BALTO. County, MD.City or town PIKESVILLE
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

HOOKS LANE

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MARYLAND County BALTO.City or town PIKESVILLE
(If outside city or town limits, write RURAL and give nearest town)Street No. HOOKS LANE
(If rural, give LOCATION)

2(a) If veteran, name war

3. (a) FULL NAME

HOWARD W. WEBER

3. (b) Social Security Number

4. Sex

MALE

5. Color or race

WHITE6. (a) Married, Single, WidowedMARRIED6. (b) Name of husband or wifeBEULAH G. WEBER

7. Birth date of deceased (mo., day, yr.)

March 8, 1879

6. (c) If alive, give age..... years

8. AGE:

Years

Months

Days

If less than one day

69415

hrs.

min.

9. Birthplace

BALTO., MD.

(Town, county, and state)

10. Usual occupation

Salesman

11. Industry or business

Wilbert David Co. Balto.

MOTHER FATHER

12. Name

Otto Weher

13. Birthplace

Baltimore, Md.

14. Maiden name

Sarah Lewis

15. Birthplace

Baltimore, Md.

16. Informant

Mrs. Beulah G. Weber

Address

Hooks Lane, Pikesville Md.

17.

BURIAL
(Burial, cremation, or removal. Which?)

Date thereof

7-26-48
(month) (day) (year)

Cemetery or

JOHN LONDON PARK

Location

BALTO. City, MD.

18. Funeral director

Wm. J. Tickner & Sons

Address

NORTH & PA. AVE.

19.

7/26
(Date filed by registrar)

19.

48R. W. Hedrick
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

July 23, 1948, at 10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 21st 1948, to July 23rd 1948
and that I last saw him alive on July 23rd 1948

Immediate cause of death

DURATION

Coronary Thrombosis2 days

Due to

Coronary Sclerosis2 yrs.

Due to

Art. Sclerosis2 yrs.

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

James H. Miller, M.D.
Pikesville, Md.

M. D. or other

Address

Date signed

7/24/48

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 07054 30

1. PLACE OF DEATH:

County Baetz Co
City or town Catonsville Md
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 1 1/2 mo.
Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Md. County Baltimore
City or town Catonsville
(If outside city or town limits, write RURAL and give nearest town)
Street No. 26 Wade Ave
(If rural, give LOCATION)

2. (a) If veteran, name war

3. (a) FULL NAME

Sda Alvenda Weichert

3. (b) Social Security Number

4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced Widowed

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) 6/4/1869 6. (c) If alive, give age years

8. AGE: Years 80 Months 0 Days 0 If less than one day 0 hr. 0 min.

9. Birthplace Phila Pa.
(Town, county, and state)

10. Usual occupation Domestic

11. Industry or business Home

12. Name ?

13. Birthplace ?

14. Maiden name ?

15. Birthplace ?

16. Informant Mr Dillon Weichert

Address 26 Wade Ave Catonsville

17. Burial Date thereof July 30, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory M. E. Church Cem.

Location Fork, Md

18. Funeral director Edward J. McNeil

Address Catonsville, Md.

19. 7-30 19 48 W E Harry
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/27 19 48 at 5:30 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 7/12 19 48 to 7/27 19 48
and that I last saw him alive on 7/27 19 48

Immediate cause of death Coronary Thrombosis DURATION Days

Due to arteriosclerosis

Due to

Other conditions General Arteriosclerosis ?

(Include pregnancy within 3 months of death)

Major findings of operations Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Daniel P. Palano M. D. or other

Address 3376 Frederick Ave Date signed 7/27/48

MARGIN RESERVED FOR BINDING

VS A15

9-45-15N

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

AUG 2 1948

BUREAU W. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

94a

07055

Reg. Dist. No. 28

1. PLACE OF DEATH:

County BaltoCity or town Mt. Rogers Forge Town
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md CountyCity or town Towson
(If outside city or town limits, write RURAL and give nearest town)Street No. 7325 Yorktown Road
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Emma Herselt

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Married6. (b) Name of husband or wife Frank R. Herselt7. Birth date of deceased (mo. day, yr.) April 9th 1882 8. (c) If alive, give age years8. AGE: 66 Years 3 Months 21 Days If less than one day
hrs. min.9. Birthplace Baltimore Md
(Town, county, and state)10. Usual occupation at home

11. Industry or business

12. Name George W. Bean13. Birthplace Maryland14. Maiden name Jennie Hallinson15. Birthplace Maryland16. Informant Frank R. HerseltAddress 7325 Yorktown Road17. Burial (Burial, cremation, or removal. Which?) Date thereof August 24 1948 (month) (day) (year)Cemetery or crematorium London ParkLocation Fredricks Road18. Funeral director John C. McLeanAddress 3000 E. Baltimore St19. 9/30 1948 Registrar

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 30th 1948 at 6:45 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

1940 to 30 July 1948and that I last saw ee alive on 30 July 1948Immediate cause of death Coronary ThrombosisDue to Coronary SclerosisDue to Generalized Arteriosclerosis & Hypertension

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations NoneAutopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, till in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE H. W. QuinnAddress 4 Bumblebee St. TowsonDate signed 30 July 48

M. D. or other

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH 50

07056

Reg. Diat. No. 33

1. PLACE OF DEATH:
 County Baltimore
 City or town Powder Mill
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 20 years
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State Maryland County Balto
 City or town Powder Mill
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2.(a) If veteran, name war.

3. (a) FULL NAME Alvinda T. Wheeler 3. (b) Social Security Number

4. Sex FA 5. Color or race W 6.(a) Single, married, widowed, or divorced widowed
 6.(b) Name of husband or wife Isaac T. Wheeler
 7. Birth date of deceased (mo., day, yr.) Sept 6 - 1863 6.(c) If alive, give age years
 8. AGE: Years 84 Months 10 Days 16 It less than one day hrs. min.

9. Birthplace Maryland
 (Town, county, and state)
 10. Usual occupation none
 11. Industry or business
 12. Name James M. Amacost
 13. Birthplace md
 14. Maiden name Frances Leef
 15. Birthplace md

16. Informant William Marshall
 Address uppers
 17. Burial Date thereof July 24/48
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Hampstead
 Location Cassell Rd Md
 18. Funeral director Edw. G. Tipton
 Address Hampstead Md

19. 7-23 19 48 Mary D. Eline
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH July 22 19 48 at 3 a. M
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1 19 48 to July 22 19 48
 and that I last saw him alive on July 12 19 48
 Immediate cause of death Chronic Myocarditis unknown
 Due to
 Due to Generalized Carcinomas unknown
due to Carcinoma of Breast
 Other conditions
 (Include pregnancy within 3 months of death)

Major findings of operations
 Date of op.
 Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide. Date of
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE Edgar M. Bush M. D.
Hampstead Md Date signed 7/22/48

RECEIVED

JUL 26 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

07057

3/

1. PLACE OF DEATH:

County Baltimore

City or town Baltimore-7 (Milford)
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

3613 Buckingham Road

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Balto.

City or town Milford #7
(If outside city or town limits, write RURAL and give nearest town)

Street No. 3613 Buckingham Rd.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Rachel Wilkie

3. (b) Social Security Number

no

4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced

Female

White

married

6.(b) Name of husband or wife George H. Wilkie

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 29, 1881

8. AGE: Years Months Days If less than one day
67 6 2 hrs. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

12. Name August Beumler

13. Birthplace Germany

14. Maiden name - Katz

15. Birthplace Balto., Md.

16. Informant Mr. George H. Wilke husband

Address 3613 Buckingham Rd.

17. Cremation Date thereof 8/3/48
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Loudon Park Cem.

Location Balto., Md.

18. Funeral director WM. J. TICKNER & SONS

Address Balto., Md.

19. Aug 3 19 48 A. W. He duck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 31 19 48 2:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

7-31-48 19 48 to 7-31-48 19

and that I last saw h er alive on not seen alive 19

Immediate cause of death

Congestive Heart Failure

DURATION

6 mos.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

NONE

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? NONE
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE Dr. D. D. Caples, Med. Exam.
M. D. or other

Address Reisterstown, Md. Date signed 7-31-48

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

131a

07058

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH

County Baltimore
City or town Catonsville
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Daughters of Everlast Concord
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County Balto.
City or town Catonsville
(If outside city or town limits, write RURAL and give nearest town)

Street No. Wenden Choice Lane
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Sister Martha V. Willett

3. (b) Social Security Number

4. Sex

F

5. Color or race

W

6.(a) Single, married, widowed, or divorced

Single

6.(b) Name of husband or wife

7. Birth date of

deceased (mo., day, yr.)

Nov. 7, 1881

6.(c) If alive, give age years

8. AGE:

Years

66

Months

8

Days

3

If less than one day

hrs.

min.

9. Birthplace

Baltimore, Md.
(Town, county, and state)

10. Usual occupation

Religious

11. Industry or business

FATHER

12. Name

George H. Willett

13. Birthplace

Benn.

MOTHER

14. Maiden name

Anna E. Siler

15. Birthplace

Benn.

16. Informant

Address

17.

(Burial, cremation, or removal. Which?)

Date thereof

(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19.

(Date rec'd by registrar)

19

7-77-7-48

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 4 1948 at 4:45 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1 1948 to July 4 1948
and that I last saw him alive on July 2 1948

Immediate cause of death

DURATION

Acute Cardiac Failure

Due to

Coronary Arterial Sclerosis

Due to

Other conditions

Arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

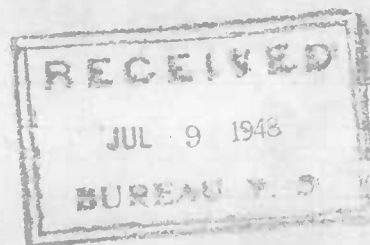
Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address 4700 Dash Blvd Date signed July 5-48



PERSONAL INFO: MR. CONNELLY

BY PHONE 7-27-48 LL

BALTIMORE STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 07059

1. PLACE OF DEATH

County.....

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

County.....

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (a) FULL NAME

3. (b) Social Security Number

4. Sex.....

5. Color or race.....

6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife.....

ELEANOR WILLIAMS

7. Birth date of deceased (mo., day, yr.)

Nov.

6. (c) If alive, give age..... years

1895

8. AGE:

Years

Months

Days

If less than one day

52.

hrs.

min.

9. Birthplace.....

ATHOLTON MARYLAND

(Town, county, and state)

10. Usual occupation.....

LABORER

11. Industry or business.....

FARM

FATHER
MOTHER

12. Name.....

ROBERT WILLIAMS

13. Birthplace.....

MD.

14. Maiden name.....

ELLA - - -

15. Birthplace.....

Md.

16. Informant.....

CALVIN KELLY

SIMPSONVILLE MD.

Address.....

17. BURIAL

(Burial, cremation, or removal, Which?)

Date thereof.....

(month) (day) (year)

Cemetery or crematory.....

LOCUST CHAPEL

Location.....

ATHOLTON MARYLAND

18. Funeral director.....

F. C. HIGINBOTHAM

Address.....

ELLICOTT CITY MD.

19.

7-15-48

19.

JOHN CONNELLY

(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH.....

19.. 48, at 10³⁰ Q. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him..... alive on..... 19.....

Immediate cause of death.....

DURATION

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Date of.....

Where did injury occur?.....

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury.....

Injured at work?

23. SIGNATURE.....

Address.....

Date signed 7/5/48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



2 1414466 51 8 17

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

07060

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:

County Baltimore
 City or town Catonsville
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 68
 Hospital, institution, or street address where death occurred
7 Ingleside Ave.
 How long in hospital or institution? None

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Baltimore
 City or town Catonsville
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 7 Ingleside Ave.
 (If rural, give LOCATION)
 2.(a) If veteran name war None

3. (a) FULL NAME

Ella Fisher Wilson

3. (b) Social Security Number

214-12-4665

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of husband or wife Charles P. Wilson
 7. Birth date of deceased (mo., day, yr.) Feb. 1, 1880
 6. (c) If alive, give age 67 years
 8. AGE: Years 68 Months 5 Days 20 If less than one day
hrs. min.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 21, 1948, at M
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 15th 1948 to July 21 1948
 and that I last examined him/her alive on July 10 1948
 Immediate cause of death Chronic Myocarditis

DURATION

1/2 yr.

Due to Arterial Hypertension
 Due to 1/2 - 1 yr.

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op. _____

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE

S. Lloyd Johnson
Catonsville
 M. D. or other _____
 Date signed 7/23/48

9. Birthplace Catonsville, Md.
 (Town, county, and state)
 10. Usual occupation Laboratory
 11. Industry or business Resinol Chemical Co.
 12. Name George Fisher
 13. Birthplace Barbours, Germany
 14. Maiden name Mary Ellen Binick
 15. Birthplace Maryland
 16. Informant Charles P. Fisher
 Address 7 Ingleside Ave. Catonsville
 17. Burial Date thereof July 24, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Landon Park
 Location Friedrich Ave. Balto., Md.
 18. Funeral director Easton Sons
 Address 608 Friedrich Ave. Catonsville
 19. 7-23 19 48 V.E. Harry
 (Date rec'd by registrar) Registrar

MARGIN RESERVED FOR BINDING

VS A15

9-45-150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 0706138

1. PLACE OF DEATH:

County Baltimore
City or town Lutherville, Md.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? life
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Baltimore
City or town Lutherville, Md.
(If outside city or town limits, write RURAL and give nearest town)
Street No. Broadway Rd.
(If rural, give LOCATION)
2. (a) If veteran, name war

3. (a) FULL NAME

MARY FRANCES WIMSETT

3. (b) Social Security Number

4. Sex female 5. Color or race white 6. (a) Single, married, widowed, or divorced single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) Oct. 9th, 1876 6. (c) If alive, give age years

8. AGE: Years 71 Months 8 Days 4 If less than one day hrs. min.

9. Birthplace Baltimore County, Md.
(Town, county, and state)

10. Usual occupation Clerk

11. Industry or business U.S. Postoffice

FATHER 12. Name Charles Wimsett

13. Birthplace Baltimore County, Md.

MOTHER 14. Maiden name Katherine Frock

15. Birthplace Baltimore County, Md.

16. Informant Miss Maude Wimsett

Address Broadway Rd. Lutherville, Md.

17. burial Date thereof 7/16/48
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Saters Baptist

Location Lutherville, Md.

18. Funeral director Lansdown Funeral Home

Address 7401 Belair Rd.

19. 7-14 48 Registrar
(Date rec'd by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 13th, 1948, at 10:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 3, 1948 to July 12, 1948

and that I last saw her alive on July 12, 1948

Immediate cause of death

Carcinoma (Breast)

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE John F. M.D. M. D. or other

Address Lansdown Funeral Home Date signed 7/14/48

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The coroner's age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

46 f

07062

Reg. Dist. No. 38

1. PLACE OF DEATH: Baltimore
 County Towson
 City or town (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 30 yrs approximately
 Hospital, institution, or street address where death occurred:
111 WARE AVENUE
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State Maryland County Baltimore
 City or town Towson
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 111 WARE AVENUE
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME Vlysses Grant Witts

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married
 6.(b) Name of husband or wife Carrie Murray Witts
 7. Birth date of deceased (mo., day, yr.) March 2, 1870 6.(c) If alive, give age 78 years
 8. AGE: Years 78 Months 4 Days 27 If less than one day
 hrs. min.

9. Birthplace Baltimore, Md.
 (Town, county, and state)
 10. Usual occupation Retired
 11. Industry or business Standard Oil Co., N.J.
 12. Name James Witts
 13. Birthplace Penna.
 14. Maiden name Emily Jane Elliott
 15. Birthplace Unknown
 16. Informant Mrs. V.G. Witts
 Address Towson, Md.

Buried July 29, 1948 Date thereof July 31, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Prospect Hill Cem.
 Location Towson, Md.
 18. Funeral director John Burns, Son
 Address Towson, Md.

19. Date rec'd by registrar July 31, 1948 Registrar John Burns, Son

MEDICAL CERTIFICATION

20. DATE OF DEATH July 29, 1948 at 12:20 A.M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1947 to July 29, 1948
 and that I last saw him alive on July 29, 1948
 Immediate cause of death Carcinoma, type undetermined, liver
 DURATION 2 yrs +

Due to
 Due to
 Other conditions Smile changes, arteriosclerosis 2 yrs +
 (Include pregnancy within 3 months of death)

Major findings of operations
 Date of op.
 Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Date of
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?
 23. SIGNATURE Rollin C. Hudson MD.
 M. D. or other
 Address Towson, Md. Date signed 7/30/48

RECEIVED

AUG 7 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

AGE: Phoned by Dr. Moran
7-30-48 LL

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

128

07063

Reg. Dist. No. 38

1. PLACE OF DEATH
County Balt.
City or town 3018 Taylor Ave Hamilton
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death 20 yrs.
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State MD County Balt.
City or town 3018 Taylor Ave Hamilton
(If outside city or town limits, write RURAL and give nearest town)
Street No. (If rural, give LOCATION)
2(a) If veteran, name war.

3. (a) FULL NAME Edward J. Young

3. (b) Social Security Number

4. Sex M. 5. Color of race N. 6. (a) Single, married, widowed, or divorced Divorced

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) November 10, 1883 6. (c) If alive, give age years

8. AGE: Years 64 Months 8 Days 19 If less than one day hrs. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual occupation Stationary Engineer

11. Industry or business B. & O. R.R.

12. Name Thomas Young

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant Miss Mary J. Spicer

Address 3018 Taylor Ave.

17. Burial (Burial, cremation, or removal. Which?) Burial Date thereof 7-31-48
(month), (day), (year)

Cemetery or crematory Morland Memorial Park

Location Taylor Ave.

18. Funeral director John A. Moran

Address 3000 E. Balt. St.

19. 7/30 19 48 Registrar

(Dated and signed by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 27 19 48 at 6 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1 19 48 to July 28 19 48

and that I last saw him alive on July 19 48

Immediate cause of death urinary

DURATION

Due to Pancreatic & Gall bladder disease.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE James Moran MD M. D. or other

Address 5100 Harford Rd Date signed 7/30/48

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 43

1. PLACE OF DEATH:

County Balto.

City or town Pasadena
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 27 yrs.

Hospital, institution, or street address where death occurred:

76 Cliffwood Rd.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State 24d County Balto

City or town Pasadena
(If outside city or town limits, write RURAL and give nearest town)

Street No. 76 Cliffwood Rd.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Henry F. Young

3. (b) Social Security Number

4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced

Male White Married

6.(b) Name of husband or wife Lissa Young

7. Birth date of deceased (mo., day, yr.) March 30th 1863

8. AGE: Years 80 Months 4 Days 1 If less than one day hrs. min.

9. Birthplace Balto. City Md.
(Town, county, and state)

10. Usual occupation Knicker

11. Industry or business

12. Name Frank Young

13. Birthplace Germany

14. Maiden name Rosa Buchanan

15. Birthplace Germany

16. Informant Mrs. N. F. Young

Address 76 Cliffwood Rd.

17. Burial Date thereof 8 3 48
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Baltimore Green

Location Balto Md.

18. Funeral director Larsen Funeral Home

Address

19. August 1 1948 ms. G. L. Reifman
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 31 1948 at 7:15 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

from 19 to 19

and that I last saw him alive on 19

Immediate cause of death

Coronary Occlusion

Due to A-S-C-V-fused tissue

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? None
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE M. B. Davis M.D. or other

Address 1115 E. 11th St. - Baltimore - Md. Date signed 7/31/48

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE OF DEATH

TO BE FILLED BY THE REGISTRAR OF VITAL RECORDS

FILED IN

PORTLAND, MAINE

RECEIVED
AUG 5 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07065

Reg. Dist. No. 43

1. PLACE OF DEATH: Baltimore
County.....
City or town Fullerton, Md.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 60 years
Hospital, institution, or street address where death occurred:
.....
How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Baltimore
City or town Fullerton, Md.
(If outside city or town limits, write RURAL and give nearest town)
Street No. Silver Spring Rd.
(If rural, give LOCATION)
2. (a) if veteran, name war.....

3. (a) FULL NAME

JOHN ZIMMERER

3. (b) Social Security Number

4. Sex male 5. Color or race white 6. (a) Single, married, widowed, or divorced widower
6. (b) Name of husband or wife Margaret Koerber Zimmerer
6. (c) If alive, give age..... years
7. Birth date of deceased (mo., day, yr.) June 4th, 1864
8. AGE: Years 84 Months 1 Days 8 If less than one day..... hrs. min.

9. Birthplace Germany
(Town, county, and state)
10. Usual occupation Truck Farmer
11. Industry or business
12. Name Unknown
13. Birthplace Unknown
14. Maiden name Unknown
15. Birthplace Unknown

16. Informant Mrs. John Tremper
Address Silver Spring Rd., Fullerton P.O.
17. burial Date thereof 7/15/48
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory St. Joseph's
Fullerton, Md.
Location Lassahn Funeral Home
18. Funeral director 7401 Belair Rd.
Address
19. July 14 1948 Msgr. J. Ruffin
(Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 12th, 1948 at 5:20 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 11, 1946 to July 12, 1948
and that I last saw him alive on July 12, 1948
Immediate cause of death Congestive Heart Failure
Due to Hypertensive Cardiac Vascular Disease
Due to.....
Other conditions.....
(Include pregnancy within 8 months of death)

DURATION

1 yr.

3 yrs.

Major findings of operations..... Date of op.
Autopsy results.....
PHYSICIAN: Please underline the cause to which death should be charged statistically.
22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide..... Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?
23. SIGNATURE Clifford J. Hudson, M.D.
Lock M.D. M.D. or other
Address..... Date signed 7/13/48

MARGIN RESERVED FOR BINDING

9-45-15

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUL 27 1948

BUREAU V. S.